



COUNTY OF HARNETT

FEE 20⁰⁰

Receipt:

Permit: 007566

Date: 9-16-97

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME Kimberly Fails
ADDRESS Rt. 1 Box 181-B
Bunnlevel, NC 28323
PHONE 910-893-4153 910-814-2356 H

APPLICANT INFORMATION:

NAME _____
ADDRESS _____
PHONE _____ W _____ H _____

PROPERTY LOCATION:

Street Address Assigned _____

SR # 2064 RD. NAME Lasater Rd. TOWNSHIP 01 FIRE _____ RESCUE _____

TAX MAP NO. 0526-02 PARCEL NO. 3422 split FLOOD PLAIN X PANEL 155

SUBDIVISION Harold + Verlie Fails LOT # 2 LOT/TRACT SIZE 1.404

ZONING DISTRICT NA DEED BOOK 226 PAGE 1

WATCHED DIST. NA WATER DIST. _____ PLAT BOOK P PAGE 784B

Give Directions to the Property from Lillington: Take NC 210.
Turn right on Lasater Rd. Property is in intersection.
9.1 miles from intersection at Burger King. Turn rt. onto dirt road
(Lasater Rd.) house site is 1/10 of a mile from 210 on rt.

PROPOSED USE

- ☒ Sg Family Dwelling (Size 37x65) # of Bedrooms 3 Basement _____
Garage _____ Deck _____ (size _____ x _____)
() Multi-Family Dwelling No. Units _____ No. Bedrooms/unit _____
() Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____
Deck _____ (size _____ x _____)
() Number of persons per Household 3
() Business SqFt Retail Space _____ Type _____
() Industry SqFt. _____ Type _____
() Home Occupation No. Rooms/size _____ Use _____
() Accessory Bldg. Size _____ Use _____
() Addition to Existing Bldg. Size _____ Use _____
() Sign Size _____ Type _____ Location _____
() Other _____

Water Supply: () County () Well (No. dwellings _____) () Other
Sewer: () Septic Tank (Existing? NO) () County () Other
Erosion & Sedimentation Control Plan Required? Yes _____ No X
Are there any wells not on this lot but within 40 ft of the property line NO (show on Site Plan).

*NOTE: A Site Plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your property line.

SETBACK REQUIREMENTS

Front property line
Side property line
Corner side line
Rear Property Line
Nearest building
Stream
Percent Coverage

Actual

70
40
2
2
11
11

Minimum/Maximum Required

35
10
15
25
10

Are there any other structures on this tract of land? No
No. of single family dwellings No. of manufactured homes
Other (specify & number)

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet of the tract listed above? Yes No

I hereby **CERTIFY** that the information contained herein is true to the best of my knowledge; and by accepting this permit shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any **VIOLATION** of the terms above stated immediately **REVOKES** this **PERMIT**. I further understand this structure is not to be occupied until a **CERTIFICATE OF OCCUPANCY** is issued. This permit expires six months from date issued.

Kimberly J. Fails
Landowner's Signature
(Or Authorized Agent)

Sept. 16, 1997
Date

FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? ✓

Is the lot/tract specified above in compliance with the Harnett County Subdivision Ordinance? ✓

Watershed Ordinance?

Mobile Home Park Ord?

ISSUED ✓

DENIED

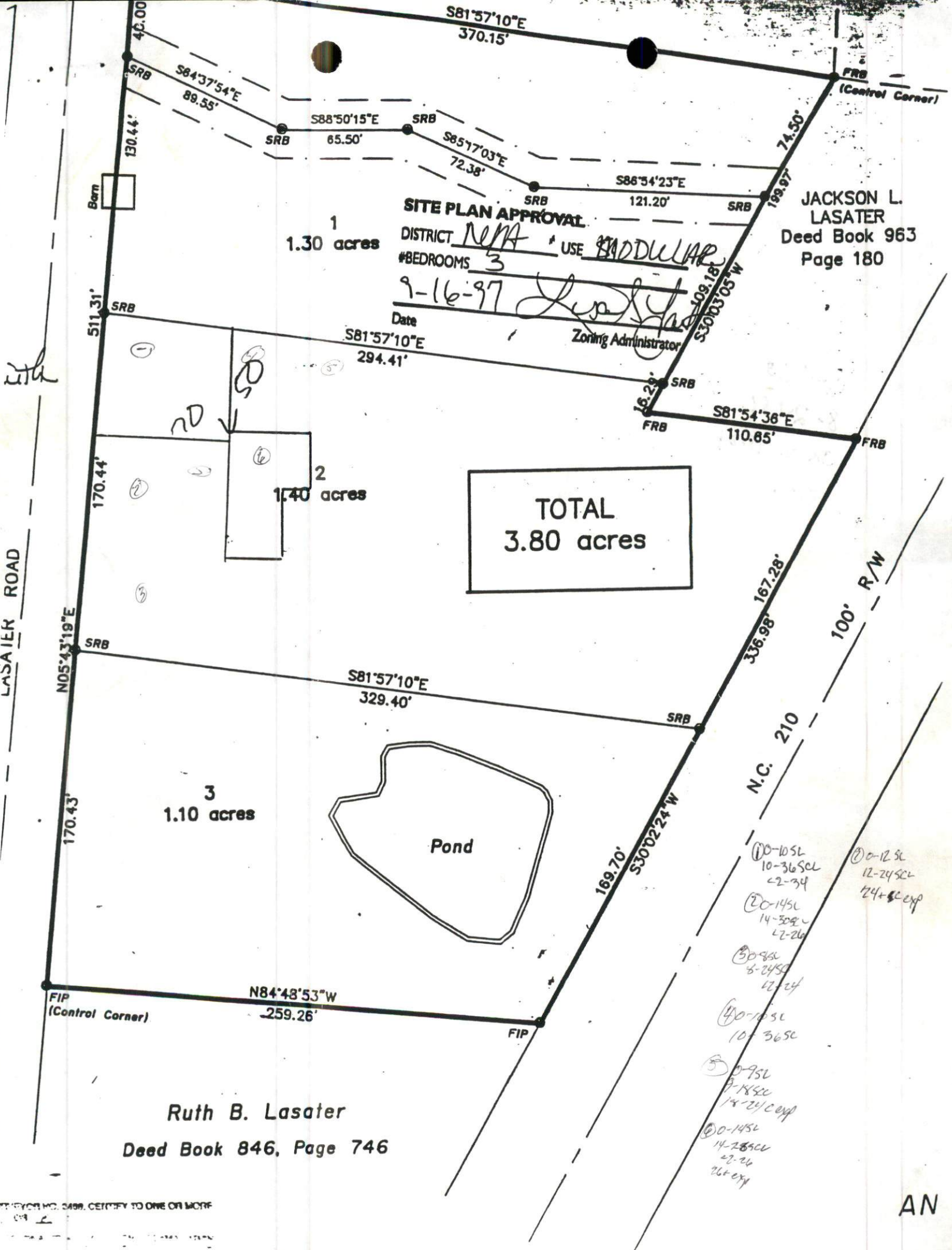
Comments:

Zoning/Watershed Administrator

9-16-97
Date

LASATER ROAD

with



JACKSON L. LASATER
Deed Book 963
Page 180

TOTAL
3.80 acres

Ruth B. Lasater
Deed Book 846, Page 746

AN

Q8 57

1st line 28/8/82

HARNETT COUNTY
DEPARTMENT OF PUBLIC HEALTH

HENRY S. THOMPSON, M.P.H.
HEALTH DIRECTOR

701 MAIN STREET
P.O. BOX 09
DILLINGTON, N.C. 27546-0009
TELEPHONE: 910-893-7550
FAX: 910-893-9429

BRANCH OFFICE ALSO AT:
904 WEST EDGERTON ST
DUNN, N.C. 28335-0491
TEL: 910-892-2424
FAX: 910-891-4171

Date: 9-24-97

Applicant: Kim Fails

Re: Status of Improvement Permit Application

Dear Kimberly Fails,

On 9-22-97, an Environmental Health Specialist from the Harnett County Health Dept. evaluated your property for the purpose of issuing an Improvement Permit. This individual was unable to issue a permit for this property due to concerns about one or more of the following:

1. Topography and/or landscape position. (.1940)
- X 2. Soil characteristics- texture, structure, mineralogy. (.1941)
3. Soil wetness condition. (.1942)
4. Soil depth. (.1943)
5. Restrictive horizons. (.1944)
6. Available space. (.1945)
7. Other.

This is not a denial notification. This is simply to inform you that the Environmental Health Specialist who evaluated your property was not able to issue a permit and that your application has been referred to Thomas Boyce, this department's designated Soil Scientist, for further review and evaluation. If you need to determine the status of your application, Thomas can be reached at 893-7547 between 8:00 and 9:00 a.m. Monday through Friday.

Sincerely,

Forrest
Environmental Health Specialist
Harnett County Health Dept.