



Conf # 544
9-18-98

LAND USE PERMIT

Harnett County Planning Department
102 E. Front Street, Lillington, NC 27546
Phone: (910) 893-7525 Fax: (910) 893-2793

EH

Fee 20⁰⁰
Receipt
Permit 009207
Date 9-18-98

LANDOWNER INFORMATION:

Name Clyde Faircloth Jr.
Address 213 Dickens Rd.
Broadway NC 27505
Phone H 499-5681 W

APPLICANT INFORMATION:

Name _____
Address _____
Phone _____ H _____ W

PROPERTY LOCATION:

Street Address Assigned _____
SR # _____ Rd. Name US421 Township 13 Zoning District N/A
PIN 9691-33-4886 PARCEL 13-9691-0084-01
Subdivision _____ Lot # _____ Lot/Tract Size 1.5A
Flood Plain X Panel T5 Deed Book 1295 Page 435
Watershed District N/A Plat Book Tax Page Map

* Give Directions to the Property from Lillington: 421 north 12 miles on the right
2nd drive on right past SR 1273

PROPOSED USE:

~ 2 employees
2 bathrooms

- ☐ Sg. Family Dwelling (Size _____ x _____) # of Bedrooms _____ Basement _____ Garage _____
Deck _____
☐ Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
☐ Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
☐ Number of persons per household _____
☒ Business Sq. Ft. Retail Space 50 x 100 Type Auto Repair (20 x 50 office)
☐ Industry Sq. Ft. _____ Type _____
☐ Home Occupation No. Rooms/Size _____ Use _____
☐ Accessory Building Size _____ Use _____
☐ Addition to Existing Building 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

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, wells, and any wells within 40 feet of your property line.

LAND USE PERMIT IS REQUIRED WHEN PICKING UP SEPTIC, BUILDING AND SET-UP PERMITS

SETBACK REQUIREMENACTUALMAXMINIMUM REQUIRED

Front Property Line
Side Property Line
Corner Side Line
Rear Property Line
Nearest Building
Stream
Percent Coverage

90
91
90
-
-
-

35
10
-
25
-
-

Are there any other structures on this tract of land? Yes

No. of single family dwellings _____ No. of manufactured homes _____ Other (specify) Barn to be removed

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet (500') of the tract listed above? Yes _____ No X

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.

[Signature]
Landowner's Signature
(Or Authorized Agent)

5-18-98
Date

THIS PERMIT EXPIRES 6 MONTHS FROM THE DATE ISSUED IF NO WORK HAS BEGUN BEFORE THAT DATE.

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FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? Yes

Is the lot/tract specified above in compliance with the Harnett County

Subdivision Ordinance S

Watershed Ordinance S

Manufactured Home Park Ordinance S

ISSUED X

DENIED _____

Comments:

[Signature]
Zoning/Watershed Administrator

9-18-98
Date

Date	Zoning Administrator
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HOLLY SPRING
~~BAPTIST CH~~

WEST CENTRAL
WATER & SEWER
DISTRICT

BOONE TRAIL (1282)
EMERGENCY SERVICES INC.

Proposed
Auto Repair Shop

90' = Front
90' = Rear

Side = 91'