

C.1

LAND USE PERMIT

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

Tile under	Conf# 730
LANDOWNER INFORMATION TO DO AF	PLICANT INFORMATION: 10 25 99
Pour Form	PAUL MCGWIER DBA
Address 100 4 RAY RO	me MCGWIER CONSTRUCTION
1 2 253 76	SPRING CALB NC 28390
Phone 4674 97) H W	one 910 436 (73) H 910 48 5 5578 W · 624 0361
	4270367
PROPERTY LOCATION:	
Street Address Assigned	
SR # 1/2 Rd. Name Ray Road Towns	01 - 1/1
MAP 05/4 BLOCK OF PRI 0022	hip // Zoning District ///
MAP 0514 BLOCK 01 PIN 0023 PARC	EL <u>01-05/3-0202</u>
Lot #_	Lot/Tract Size 1.25acrus
Plane Plain Panel Deed Boo	ok 1205 Page 424
Watershed District Plat Book	x Day Page Max
Directions to the Property from Lillington:	
POAD SIGNAL GO DOWARD SPRING CA	Ties District
ROAD SIGNAL GO APPX 2 MICES -	TO THE PIGHT AT RAY
MEXT TO TOMMYS AUTO TARTS.	PRIDERIY ISON RIGHT SIDE
TOMMY'S AD TO TAILTS.	
PROPOSED USE:	
Sg. Family Dwelling (Sizex) # of Bedrooms	Basement Garage
Multi-Family Dwelling No. Units	
	Garage Deck
Number of persons per household Number of persons per household	O A
Business Sq. Ft. Retail Space 2400 (40 x 60) Type Industry Sq. Ft.	Lollar Store
() Home Occupation No Rooms/Size	
Accessory Building Size	e
Size	se
Sign Size Type Lo	ocation
Water Supply: (County () Well (No dwellings	
Sewer: (V) Septic Tank (Existing? V()	Other
Fracion & Sedimentation Community	County Other

NOTE: A copy of the recorded survey or plat map and a copy of the recorded Deed for the property or Offer to Purchase are required to obtain Land Use Permit. 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, and accessory buildings.

SETBACK REQUIREMENTS	<u>ACTUAL</u>	MINIMUM REQUIRED
Front Property Line	80	35
Side Property Line	10	10
Corner Side Line		
Rear Property Line	<u> 260</u> <u> 53</u>	25
Nearest Building	53	70
Stream		
Percent Coverage		
i ordeni coverage		-
Are there any other structures on this to	ract of land?	
No. of single family dwellings		Other (specify)
	_ · · · · · · · · · · · · · · · · · · ·	Swnth Specify
Does the property owner of this tract of	fland own any land that	SWIKH
(500') of the tract listed above? Yes_	No.	contains a manufactured home within five hundred feet
(500) of the flat listed above. Tes_		
I hereby CERTIFY that the information	n contained herein is to	ue to the best of my knowledge: and by accepting this
permut shall in every respect comorn	1 to the terms of this a	innlication and to the provisions of the Statutes and
Ordinances regulating development in	Harnett County Any V	MOI ATION of the terms above stated immediately
REVOKES THIS PERMIT. I further	understand this structur	re is not to be occupied until a Certificate of Occupancy
is issued.		- 10 110 to be decapied until a certificate of Occupancy
Wis amad '	- (
Danemchin, agen	~!·	(X) 9/27/99
Landowner's Signature		Date
(Or Authorized Agent)		Date
,		
This permit expires 6 mon	ths from the date issue	ed if no work has begun before that date
LAND USE PERMIT IS REQUIRE	ED WHEN PICKING U	P SEPTIC, BUILDING AND SET-UP PERMITS
	••••	
	FOR OFFICE US	
Copy of recorded final plat of subdivisio	n on 6102	lax Mas
copy of recorded final plat of subdivisio	on on me?	an my
Is the lot/tract specified above in compli	ance with the TT	1
Is the lot/tract specified above in compli Subdivision Ordinance	ance with the Harnett Co	ounty
Watershed Ordinance		
Manufactured Home P	ark Ordinance	
Manuactured Home P	ark Ordinance	
ISSUED		DENIED
		DENIED
Comments:		
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	1	1
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	1	912/199
Zoning/Watershed Administrator //	ter and the second second	

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH

307 CORNELIUS HARNETT BOULEVARD, LILLINGTON, N.C. 27546

EXISTING SEPTIC SYSTEM INSPECTION

NAME	Ronald	Kenner	4		PHON	NE#	497-	4477	
		B10 B		Spring	lake NC 28	390			
NAME OF M.I	н.р								
NAME OF OW	VNER (if diff	erent)							
ADDRESS OF	OWNER (if	different)						
PROPERTY L	OCATION:	ROAD N	IAME	Ray Rd			SR # _	1111	
The afo Health Section. should malfunc	At the time	of inspec	tion, there	e appeared to	rnett County Hea be a septic system y repairs.	lth Dep n servir	partmenting this sit	Environm e. If this	nental system
This ins	pection is vo	oid if:							
(2)	the system sl	hould fail tenant of	or malfund	stem should chection, and/or erty changes, a					
		AUT	HORIZA	TION OF EX	ISTING SYSTE	CM			
DATE OF INS	SPECTION		11-2	-99					
SIGNATURE			Thon	van O. Bayo	e R.S.				
Revised (5/97)				/ /					



