



COUNTY OF HARNETT

EH

FEE \$20.00

Receipt: _____

Permit: 8050

Date: 12-29-97

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME Cornelia R. Levorse
ADDRESS 619 Townsland St.
Fayetteville, NC 28303
PHONE W 484-6021 H _____

APPLICANT INFORMATION:

NAME _____
ADDRESS _____
PHONE _____ W _____ H _____

PROPERTY LOCATION:

Street Address Assigned _____

SR # 2006 RD. NAME Crawford Rd. TOWNSHIP 07 FIRE _____ RESCUE _____

TAX MAP NO. 0599-36 PARCEL NO. 6025 ^{Split} FLOOD PLAIN X PANEL 105

SUBDIVISION Property of
Connie R. Levorse

LOT # _____ LOT/TRACT SIZE 1.61 Acres

ZONING DISTRICT RA-30

DEED BOOK 1200 PAGE 212

WATCHED DIST. IV WATER DIST. _____ PLAT BOOK F PAGE 719-C

Give Directions to the Property from Lillington: Take 421 E -
Turn left on Crawford Rd. Property is on left in
the intersection of Crawford & Clay Hills Rd.

PROPOSED USE

- ☒ 1 Single Family Dwelling (Size 58 x 58) # of Bedrooms 4 Basement No
Garage yes Deck porch (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 _____ Use _____
☐ Other _____ Location _____

Water Supply: ☒ County ☐ Well (No. dwellings _____) ☐ Other _____
Sewer: ☒ Septic Tank (Existing? No) ☐ County ☐ Other _____
Erosion & Sedimentation Control Plan Required? Yes _____ No ☒
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

100 70
75
100
150

Minimum/Maximum Required

35
10
20
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)

NA 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.

Cornelia P. Reese
Landowner's Signature
(Or Authorized Agent)

12/29/97
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?

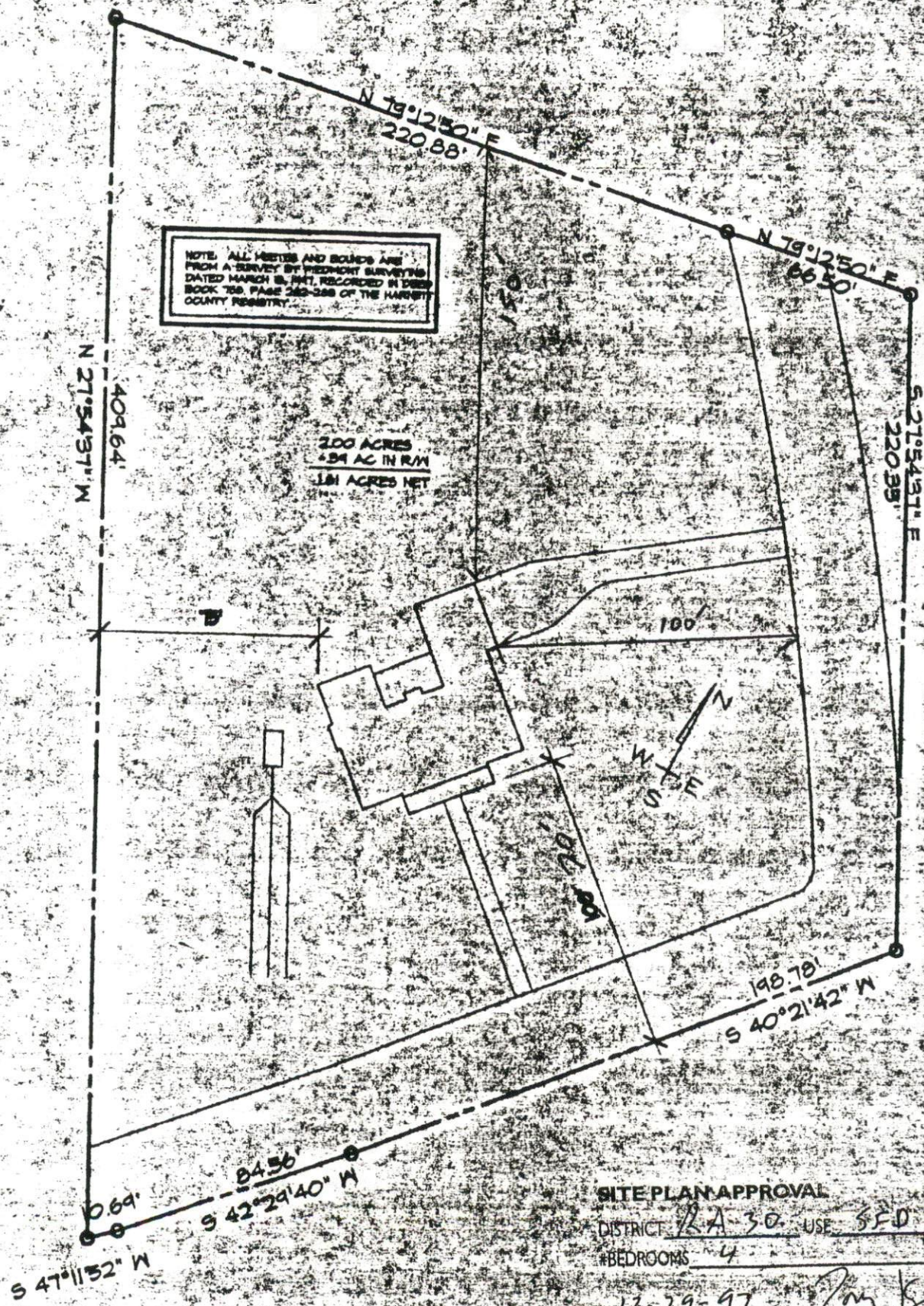
ISSUED

DENIED

Comments:

Tom B
Zoning/Watershed Administrator

12-29-97
Date



SITE PLAN APPROVAL
 DISTRICT 2A-30 USE SFD
 #BEDROOMS 4
12-29-97
 Date _____ Zoning Administrator _____

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S-1

SITE PLAN

1" = 50'