



Review
24 April
C.M.

LAND USE PERMIT

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

50001840

Fee 20.00
Receipt 99-3551
Permit 010563
Date 7/15/99

LANDOWNER INFORMATION:

☒ Name Kecia McAuley Couch
Address 514 Martin Street
Greensboro, NC 27406
Phone _____ H _____ W _____

APPLICANT INFORMATION:

☒ Name Tanya McAuley, Maurine Murchison
Address 156 McDonald Road
Sanford, NC 27336
Phone 919-499-6220 H 919-774-8800 W
ext. 283

PROPERTY LOCATION:

Street Address Assigned _____
SR # 1294 Rd. Name McDonald Rd Township 03 Zoning District RA-20R
MAP 9579 BLOCK 82 PIN 3987 PARCEL 03-9579-0011
Subdivision Tanya McAuley Lot # _____ Lot/Tract Size 1.96 acres
Flood Plain X Panel 75 Deed Book 612 Page 84
Watershed District N/A Plat Book 99 Page 304

☒ Give Directions to the Property from Lillington: McDougald Road to McDonald Road (approximately 20 miles) Take right on McDonald Road. Property is to the right of 156 McDonald Road.

PROPOSED USE:

Modular Sg. Family Dwelling (Size 41 x 75 ~~60 x 50~~, # of Bedrooms 3 Basement - Garage 20 x 20)
Deck _____
☐ Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
☐ Manufactured Home (Size _____ x _____) # of Bedrooms _____ Garage _____ Deck _____
☒ Number of persons per household 3
☐ Business Sq. Ft. Retail Space _____ Type _____
☐ 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 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 REQUIREMENT

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

ACTUAL

80 75'
55 51.5'
190 207'

MINI

1 REQUIRED

35
10
25

Are there any other structures on this tract of land? No

No. of single family dwellings _____ No. of manufactured homes _____ Other (specify) _____

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.

(X) T. T. McJ
Landowner's Signature
(Or Authorized Agent)

(X) 7.15.99
Date

****This permit expires 6 months from the date issued if no work has begun before that date****

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

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 ✓

Watershed Ordinance ✓

Manufactured Home Park Ordinance ✓

ISSUED ✓

DENIED _____

Comments:

M. Buckland
Zoning/Watershed Administrator

7.16.99
Date

WILLIAM McAULEY
DB 612, PG 83

JOHN W. McAULEY
DB 624, PG 463

NCSR # 1294 "McDONALD RD."
(UNPAVED)

1.96 AC.

SITE PLAN APPROVAL

DISTRICT N/A USE SFD

#BEDROOMS 3

Date 7.16.99 M. Buckland
Zoning Administrator

LUCILLE A. HAMER
DB 612, PG 85

WILLIAM McAULEY
DB 612, PG 83

JOHN W. McAULEY
DB 624, PG 463

1.96 AC.

NCSR # 1294 "McDONALD RD."
(UNPAVED)

Required Property Line Setbacks

Front
Side
Corner
Rear
Nearest
Building

Minimum	Actual
35	75
10	51.5
20	20.4
25	
10	

LUCILLE A. HAMER
DB 612, PG 85

SITE PLAN APPROVAL

DISTRICT RA-ZOR USE SFD
#BEDROOMS 3

Date 24 April Candice J. Makuch
Zoning Administrator

1"=50'

11.23'

new!

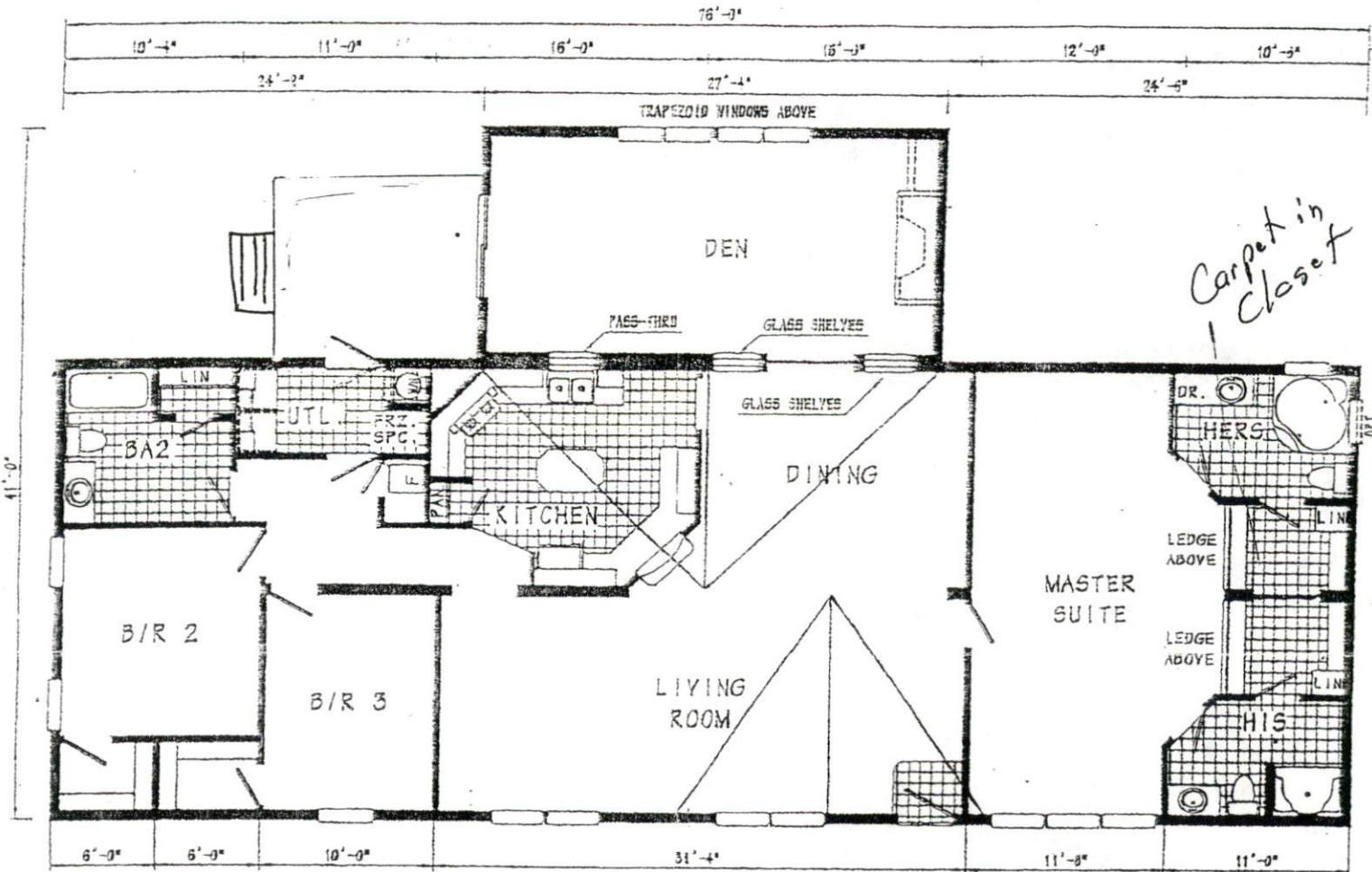
VAI ERBUILT BUYERS DELUXE SERIES

MODEL NO. VB 709 27'4" X 76" - APPROX. 2,090 SQ. FT

VT 709 - WITH POD - APPROX. 2,465 SQ. FT

CUSTOMER'S NAME

Murchison



FLOOR COVERING: CARPET

Carbon

TILE Kitchen utility B2-9/17 MB-9/17

FOYER TILE 9155

MASTER BATH:

VANITY TOP

Mystique Night w/Black BS&E

CABINETS

white

BATH #2

VANITY TOP

1

CABINETS

white

KITCHEN:

COUNTERTOPS

Mystique Night w/Black BS&E

CABINETS

Dark white

UTILITY:

COUNTERTOPS

1

CABINETS

DOORS: INTERIOR

6 Panel

EXTERIOR:

FRONT

REAR

OUTSIDE: SIDING

Gray

SHUTTERS

Black

SHINGLES

Black

BRICK COLOR

320 Flash

SHEET ROCK WALLS ARE ALL PAINTED WHITE.

THE DECOR SELECTIONS SHOWN ABOVE ARE CORRECT.

[Signature]
SIGNATURE

[Signature]
SIGNATURE

4.14.01
DATE

ALL ROOM SIZES STATED ON FLOOR PRINTS ARE APPROXIMATE. IF PRECISE SIZES ARE NEEDED, CONSULT ENGINEERING PRINTS.

BUYDEL2 5/23/00

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) TARNA McAnky / Maurice Murchison ☒ New Installation ☒ Septic Tank
 Property Location: SR# 1294 McDonnell ☐ Repairs ☒ Nitrification Line

Subdivision TARNA McAnky Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (60x50) Lot Size: 1.96 AC

Basement with Plumbing: ☐ Garage: ☐ MUST USE FILTER & MARKER

Water Supply: ☐ Well ☒ Public ☐ Community MUST meet onsite BEFORE

Distance From Well: 50 min ft. INSTALLING

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other

Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in. ^{MAX}

French Drain Required: Linear feet

This permit is subject to revocation if site plans or intended use change.

Date: 8-3-99

Signed: J. J. West

Environmental Health Specialist

SR 1294

Power Line

Line

MUST meet onsite
Before Installing
18" MAX Ditch
Depth

Follow contours

MAINTAIN ALL SET BACKS

Do not Drive OR Park on septic system



existing house

Property Line

HL HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16271. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent TARNGA McAWLEY / MAURICE MURCHISON

Name: _____ Telephone # 499-6226

Address: _____ 779-8800
283

Property Location: SR # 1294 Road Name _____

New Installation ☒ Repair _____ Septic Tank ☒ Nitrification Lines ☒

Subdivision TARNGA McAWLEY Lot # _____

Number of Bedrooms Proposed: 3 (6x50) Lot size: 1.36 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: _____ ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 MAX inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 8-3-99