

Date: 2/24/98

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

④ LANDOWNER INFORMATION:

NAME Dennis A. & Lissie Grigs
ADDRESS 224 Rt 16 Box
198 Sanford NC 27330-000
PHONE W H

(X) APPLICANT INFORMATION:

NAME William Parten
ADDRESS 346 Box 158
Sanford NC 27330
PHONE # 776-6775W 459-0201 W

PROPERTY LOCATION:

Street Address Assigned

RD. NAME HWY 87 TOWNSHIP 03 FIRE RECEIVED

TAX MAP NO. 4508 81 PARCEL NO. 7124 FLOOD PLAIN X PANEL 75

SUBDIVISION _____ LOT # _____ LOT/TRACT SIZE 8 AC

ZONING DISTRICT: N/A DEED BOOK 490 PAGE 301

WATERED DIST. N/A WATER DIST. _____ PLAT BOOK Tax PAGE Map

(X) Give Directions to the Property from Lillingston:
Hwy 27 to Hwy 87

~~Heavy 27 to Hwy 87 take Hwy 87 North
3 rd driveway past Benhaven School Rd.~~

PROPOSED USE

() Sg Family Dwelling (Size x) # of Bedrooms Basement
Garage Deck

(4) Multi-Family Dwelling No. Units (Size _____ x _____)

(X) Manufactured Home (Size 24 x 32 ⁴⁸ No. Bedrooms/unit 3
Deck _____ (size _____ of Bedrooms 3 Garage _____

() Number of persons per Household 5

() Business Soft Retail Space _____ Type _____

() Industry Soft. _____ Type _____
() Home Occupation _____ Type _____

() Home Occupation	No.. Rooms/size	Type
() Apartment: Bldg	2	1br

() Accessory Bldg. Size _____ Use _____
() Addition to Existing _____ Use _____

Addition to Existing Bldg. Size		Use
1	100	100
2	100	100
3	100	100
4	100	100
5	100	100
6	100	100
7	100	100
8	100	100
9	100	100
10	100	100
11	100	100
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97	100	100
98	100	100
99	100	100
100	100	100

() Sign _____ Size _____ Type _____ Use _____
() Other _____

Water Supply: (X) County () Well (No. dwellings) () Other
Sewer: (X) 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

150
150
—
150
—
—
—

Minimum/Maximum 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 & 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 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. This permit expires six months from date issued.

William Harold Parker
Landowner's Signature
(Or Authorized Agent)

2-24-97
Date

FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? No

Is the lot/tract specified above in compliance with the Harnett County Subdivision Ordinance?
Watershed Ordinance? —
Mobile Home Park Ord? —

ISSUED ✓DENIED —Comments: —

Donna Mary Foster
Zoning/Watershed Administrator

2/24/98
Date

999

N 584,000

3

2

N° 582.000

1

0

580,000

SITE PLAN APPROVAL

DISTRICT

AN APP
N/A

USE

DWMH

#BEDROOMS

3

2/24/98 Lou Tomasiello

Zoning Administrator