

LANDOWNER: Michael Ray Address: 3417 Spring Hill Ch Rd
 City: Lillington State: N.C. Zip: 27546 Phone #: 910 893 2246

APPLICANT: same Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: 1265 SR Name: Cool Springs Road
 Parcel: 13-002-0088 PIN: 0611-93-7011
 Zoning: RA-20R Subdivision: Mason Hill Lot #: 35 Lot Size: .52
 Flood Plain: X Panel: 80 Watershed: IV Deed Book/Page: 1390/177 Plat Book/Page: 2000/56

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 North 7 miles, Right
on Cool Springs Road property, 1/2 miles on the
right

PROPOSED USE:

- Sg. Family Dwelling (Size ___ x ___) # of Bedrooms ___ Basement ___ Garage ___ Deck ___
- Multi-Family Dwelling No. Units 16 No. Bedrooms/Unit ___
- Manufactured Home (Size 28 x 80) # of Bedrooms 3 Garage ___ Deck ___
- Number of persons per household 13 *set-up permit*
- Business Sq. Ft. Retail Space ___ Type ___ *be in separate ownership for each individual lot in Mason Hill Subdiv.*
- Industry Sq. Ft. ___ Type ___
- Home Occupation (Size ___ x ___) # Rooms ___ Use ___
- Accessory Building (Size ___ x ___) Use ___
- Addition to Existing Building (Size ___ x ___) Use ___
- Other _____

1. **Manufactured home must have a pitched roof.**
2. **Manufactured home must have underpinning.**
3. **Moving apparatus must be removed, under pinned, or landscaped.**
4. **Steps 2&3 completed w/in 60 days of C.O. issuance**

Water Supply: County Well (No. dwellings ___)
 Sewer: Septic Tank/ Existing: YES NO County

Erosion & Sedimentation Control Plan Required? YES NO

Structures on this tract of land: Single family dwellings ___ Manufactured homes 1 Other (specify) _____

Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? YES NO

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>35</u>	<u>40</u>	Rear	<u>25</u> 40 <u>50'</u>
Side	<u>10</u>	<u>30</u>	Corner	—
Nearest Building	<u>10</u>	—		

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Michael Ray
 Signature of Applicant

2-8-2000
 Date

Revised
2/27/2008
2/27/2008

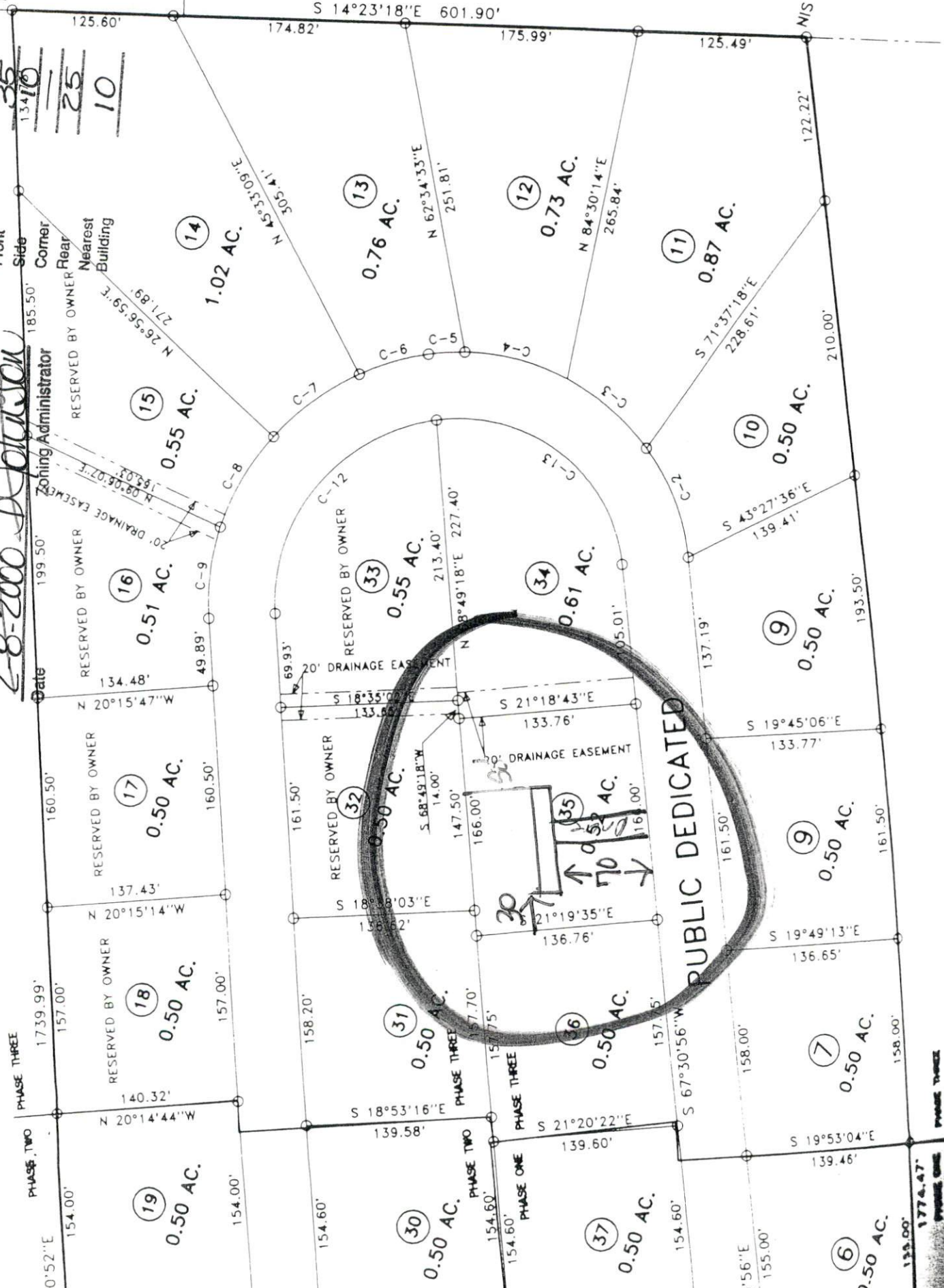
SITE PLAN APPROVAL
DISTRICT **KA-20K** USE **DWVH**

#BEDROOMS **3**

28-2000 DOTYSON
Zoning Administrator

Required Property Line Setbacks
Minimum
Front 35
Side 30
Corner 25
Nearest Building 10
EIS Actual
10
30
40

MARY WOMACK



L.W. (

PHASE THREE
1774.47'
133.00'