Initial Application Date:	4	28	12	000	
	, ,	,	- 6		

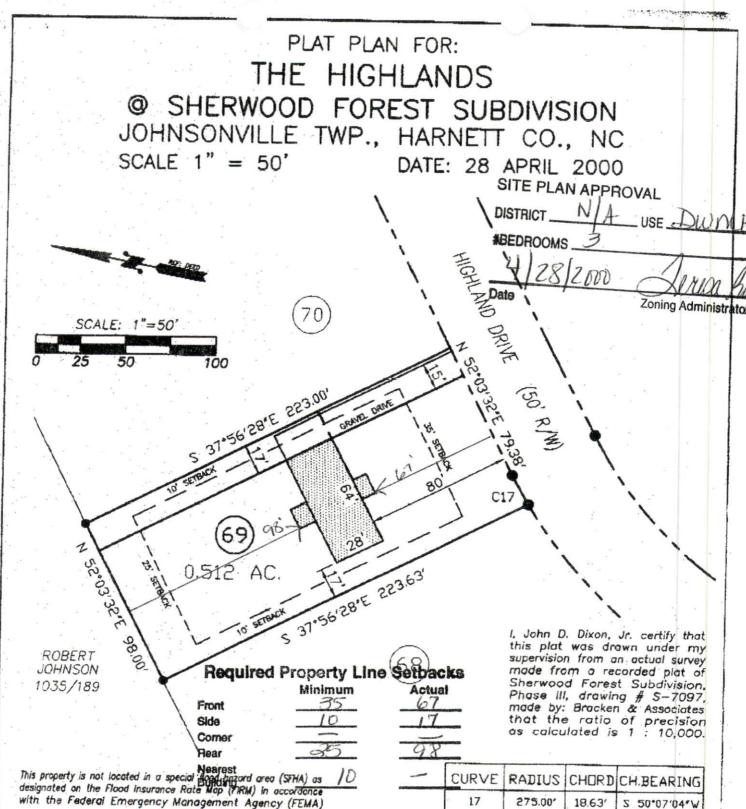
7		Application	#0
1	1	77	

011419

102 E. Front Street Lillington NC 27546

LANDOWNED RO	20.57 d 7						ax: (910) 893-2793
LANDOWNER: RO	er a la	State:	NC Address:	50 FORE	Phone #:	919-4	99-2021
APPLICANT:							
			Addres	s:			
City:		State:	2	ip:	_ Phone #: _		
PROPERTY LOCATION  Parcel: 09-9  Zoning: N/A	ON: SR#: 24	47 SR Name: -	HWY &	9555-97	3508/	5001	
Zoning:	Subdivision:	HE HIGHL	ANDS AT	DOPE Lot #:	69	Lot Size	5120C
Flood Plain:	Panel: 150	Watershed: III	Deed Book/Pa	ge:	Plat Roo	LOI SIZE:	20-11
DIRECTIONS TO THE P	ROPERTY FROM	LILLINGTON:	Jake.	27 West	, left	DA 10	damen
PROPOSED USE:							
	Size x	) # of Bedroome	Description				
Sg. Family Dwelling     Multi-Family Dwelling	e No Unite	) # 01 Bedrooms_	Basemen	t Garage	De	ck	g
Multi-Family Dwellin  Manufactured Home  Comments:	(Size 18x64)	# of Bedrooms	3 Garage	Deck	las		must have a pitched roof.  must be removed, under ed.
Number of persons per							und und over
( ) Business Sa Ft I	Petail Space		-				have have rem
( ) Business Sq. Ft. I	cetan space		Type				in 6
(_) Industry Sq. Ft	(Size v	\ #P	Туре				red home must red home must paratus must be landscaped. completed w/in
Home Occupation     Accessory Building	(Size	# Kooms	Use			-	actured home actured home lapparatus muor landscape.
( ) Accessory Building	vilding (Size	Use					npi mpi
Addition to Existing B	anding (Size	_x) Use					Dan Jan
							anufactur anufactur oving app nned, or it eps 2&3 c
Water Supply: (County Sewer: Septic Tank/ Ex	Well (ND.	1		Other			anutac anutac anutac aving vined,
		NO) $\swarrow$	County	Other			Ma Mo Mo Ste
Erosion & Sedimentation Con	ntrol Plan Require	d? YES (NO)					±. vi w. 4.
Structures on this tract of land	1: Single family o	dwellings N	Manufactured hom	es Other (	specify)	-	
Property owner of this tract of	land own land th	at contains a manufa	ctured home w/in	five hundred feet (	500') of tract !	isted above?	YES (NO)
Required Property Line Set	backs: Minimu	m Actual		Minimum	Actual		TES (NO)
	Front 35	67	Rear	25'	92		
(2)	Side 10	1		,	_/_0		
Nearest Bu			_ Corne				
If permits are granted I agree t	o conform to all a	rdinances and the t	6.1 2:				
If permits are granted I agree t plans submitted. I hereby swei	ar that the foresti	o statements and the la	ws of the State of	North Carolina reg	ulating such v	vork and the	specifications or
plans submitted. I hereby swee	die inc foregon	is statements are acc		12	iowledge.		
Jessi Cease			,	4/28/00			
Signature of Applicant			-	D .			

Date



F.X.M.

CHECKED BY
J.D.D.

DATE
28 APR 00

1" = 50'



PREPARED AND RECOLARDICED BY

Dixon Gibson ms consultants, inc.

216 HAWKINS AVENUE, SUITE 113
P.O. BOX 1281 SANFORD, N.C. 27330
PHONE 919-774-7308 FAX 919-774-6109

DGMS JOB NUMBER 6276.506-69

DRAWING NUMBER

PLAT