

Initial Application Date: 8/16/05

JW

Application # 0350005212R
1023868

COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

LANDOWNER: KILARNOLD CORP Mailing Address: HWY 24W
City: CAMERON State: NC Zip: 28326 Phone #: 919 499 6313
APPLICANT: COLIN WATSON - CHOO CHOO HOMES Mailing Address: 4209 BRAGE BLVD
City: FAYETTEVILLE State: NC Zip: 28303 Phone #: 910 860 8787

PROPERTY LOCATION: SR #: HWY 24W SR Name: HERITAGE VILLAGE
Address: LOT G6 CONNECTICUT WAY
Parcel: 09957503 0185 06 PIN: 9575-52-7751.000
Zoning: RAZOR Subdivision: HERITAGE VILLAGE Lot #: G6 Lot Size: .72
Flood Plain: X Panel: 150 Watershed: NA Deed Book/Page: 1195/928 Plat Book/Page: #1731C
DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27th for 20 miles TL on HWY 24W for 2 miles
T/R on INDEPENDENCE WAY for 150 YARDS T/R INTO HERITAGE WAY TO 4th ROAD and RIGHT

PROPOSED USE:

- Sg. Family Dwelling (Size x) # of Bedrooms # Baths Basement (w/wo bath) Garage Deck
 - Multi-Family Dwelling No. Units No. Bedrooms/Unit
 - Manufactured Home (Size 28 x 52) # of Bedrooms 3 Garage Deck
 - Number of persons per household 2
 - Business Sq. Ft. Retail Space Type
 - Industry Sq. Ft. Type
 - Church Seating Capacity Kitchen
 - Home Occupation (Size x) # Rooms Use
- Additional Information:
- Accessory Building (Size x) Use
 - Addition to Existing Building (Size x) Use
 - Other

Additional Information:
Water Supply: County Well (No. dwellings) Other Environmental Health Site Visit Date: 8-18-05
Sewage Supply: New Septic Tank Existing Septic Tank County Sewer Other
Erosion & Sedimentation Control Plan Required? YES NO *Not marked*
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
Structures on this tract of land: Single family dwellings Manufactured homes 1 prop Other (specify)

Required Residential Property Line Setbacks:

	Minimum	Actual
Front	35	40
Rear	25	240
Side	10	14'
Corner	20	-
Nearest Building	10	20

**New applicant's site plan*
JM

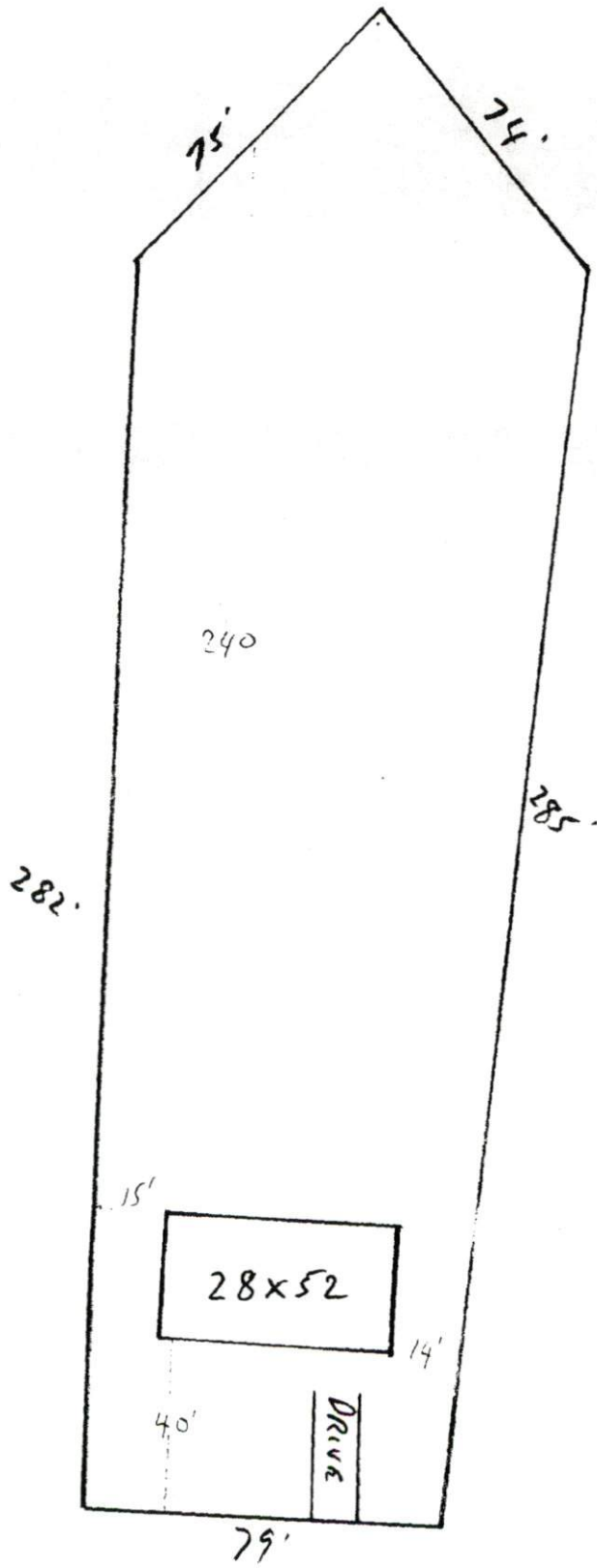
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

[Signature]
Signature of Owner or Owner's Agent

8-15-05
Date

This application expires 6 months from the initial date if no permits have been issued

A RECORDED SURVEY PLAT AND RECORDED DEED ARE REQUIRED WHEN APPLYING FOR A LAND USE APPLICATION



SITE PLAN APPROVAL
 DISTRICT RAZOR USE DwMH
 #BEDROOMS 3
8/16/05 PJK
 Zoning Administrator

1-40

IMPROVEMENT PERMIT

03-5-5212

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) K. Arnold Corp ^{Judith Sweeney} New Installation Septic Tank
Property Location: SR# HWR 24 Repairs Nitrification Line

Subdivision Heritage Village Lot # 66 G-6

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x66) Lot Size: 31,458 sq FT

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50m ft.

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

Type of system: Conventional Other Pumps Conv.

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

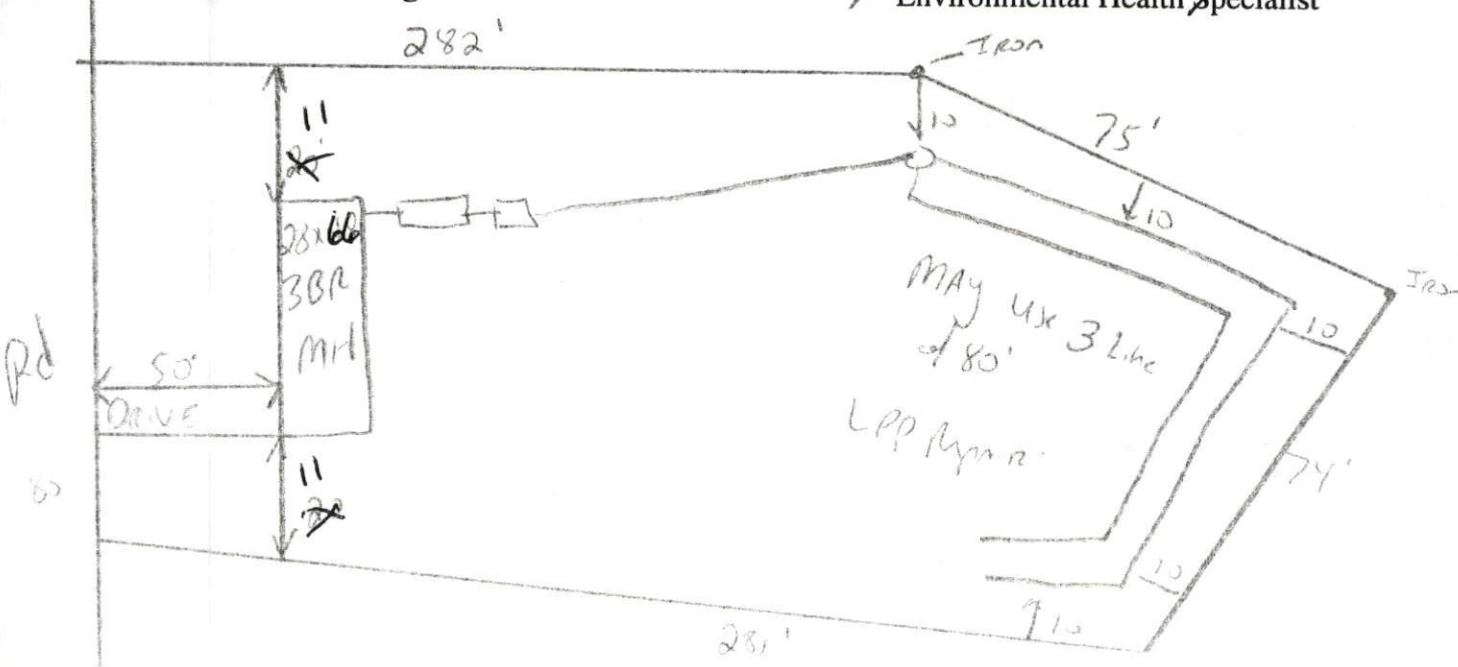
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 8-24 in.

French Drain Required: _____ Linear feet

Date: 11-19-97 8-15-02

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

Signed: J. L. ... J. L. ...
Environmental Health Specialist



MANTAIN ALL REVERSE SETBACKS 18x41" Ditch Depth Follow contours

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 # 13019. 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 Kil Arnold Corp

Name: _____ Telephone # _____

Address: _____

Property Location: SR # HWY 24 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Heritage Village Lot # G-6

Number of Bedrooms Proposed: 3 Lot size: 31,458

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 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 120

Width of ditches 3 ft. Depth of ditches 18.24 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: 8-13-97

(Revised 2/96)CNSTRCT.WPD [Signature] 8-15-02