

Initial Application Date: 7-31-03

Application # 03-5-2590 R.

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting

102 E. Front Street, Lillington, NC 27546

Phone: (910) 893-4759

Fax: (910) 893-2793

LANDOWNER: Mike Ray  
City: Lillington

Mailing Address: 3417 Spring Hill Ch. Rd.  
State: NC Zip: 27546 Phone #: 919 499-8382

APPLICANT: John Darroch  
City: Lillington

Mailing Address: 1365 Mt. Olive Ch. Rd.  
State: NC Zip: 27546 Phone #: 910 814-2113

PROPERTY LOCATION: SR #: 2035 SR Name: Stackyard Rd.  
Parcel: 10-0559-0046 - 45 - #42 PIN: 0559-20-5327  
Zoning: RA-20R Subdivision: Stackyard Rd Estates II Lot #: 35 Lot Size: • 50 ac.  
Flood Plain: X Panel: 95 Watershed: #IV Deed Book/Page: 1451; 947 Plat Book/Page: F 549-C

DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 South. Turn right onto Stackyard Rd. Property on corner of Ray Byrd Rd & Stackyard.

PROPOSED USE:

- Sg. Family Dwelling (Size x) # of Bedrooms      # Baths      Basement (w/w/o bath)      Garage      Deck
- Multi-Family Dwelling No. Units      No. Bedrooms/Unit
- Manufactured Home (Size 28 x 52) # of Bedrooms 3 Garage      Deck       
Comments: 1999 model OAKWOOD
- Number of persons per household 2
- Business Sq. Ft. Retail Space      Type
- Industry Sq. Ft.      Type
- Home Occupation (Size x) # Rooms      Use
- Accessory Building (Size x) Use
- Addition to Existing Building (Size x) Use
- Other

Water Supply:  County  Well (No. dwellings     )  Other

Sewage Supply:  New Septic Tank  Existing Septic Tank  County Sewer  Other

Erosion & Sedimentation Control Plan Required? YES NO

Structures on this tract of land: Single family dwellings      Manufactured homes      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>63</u>	Rear	<u>25</u>
Side	<u>10</u>	<u>50</u>	Corner	<u>20</u>

Nearest Building     

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 of Applicant: [Signature]  
Agent

Date: 7-29-03

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

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

Revised: Due to health dept. inspector.

50  
= 1/4 inch

SITE PLAN APPROVAL  
DISTRICT R A20B USE DwM.H.  
#BEDROOMS 3  
2-31-03  
Revised 8-19-03  
Zoning Administrator [Signature]

