

Initial Application Date: 2-13-04 3-5-04 Health Rec'd 3/8/04 Application # 1 50008745R
 COUNTY OF HARNETT LAND USE APPLICATION Charged 150.00 New
 Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793

OWNER: DAVID 41-2 (Benes) 142 622nd ST
 City: SPRING LAKE State: NC Zip: 28390 Phone #: 910-497-2535
 APPLICANT: SAMR Mailing Address: 910 574-8758
 City: _____ State: _____ Zip: _____ Phone #: _____

PROPERTY LOCATION: SR #: 1120 SR Name: Gardner
 Parcel: 01 0515 0314 PIN: 0515-52-8160.000
 Zoning: P20SR Subdivision: See T11 AC Lot #: 170 Lot Size: 47AC
 Flood Plain: X Parcel: 155 Watershed: DA Deed Book/Page: 694/1017 Plat Book/Page: _____

ADDITIONS TO THE PROPERTY FROM LILLINGTON: A11 AC 411

PROPOSED USE:
 Sg. Family Dwelling (Size 14 x 26 # of Bedrooms 3 # Baths 2 Basement (w/wo bath) _____ Garage _____ Deck _____
 Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
 Manufactured Home (Size 14 x 26 # of Bedrooms 3 Garage _____ Deck _____
 Comments: _____
 Number of persons per household 2
 Business Sq. Ft. Retail Space _____ Type _____ Can not use old tank need to get new tank
 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 1 exs SW to be moved

Required Property Line Setbacks:	Minimum	Actual	Minimum	Actual
Front	<u>35</u>	<u>50 75</u>	Rear	<u>25</u> <u>115</u>
Side	<u>10</u>	<u>16 12</u>	Corner	<u>20</u>
Nearest Building	<u>10</u>	<u>20</u>		

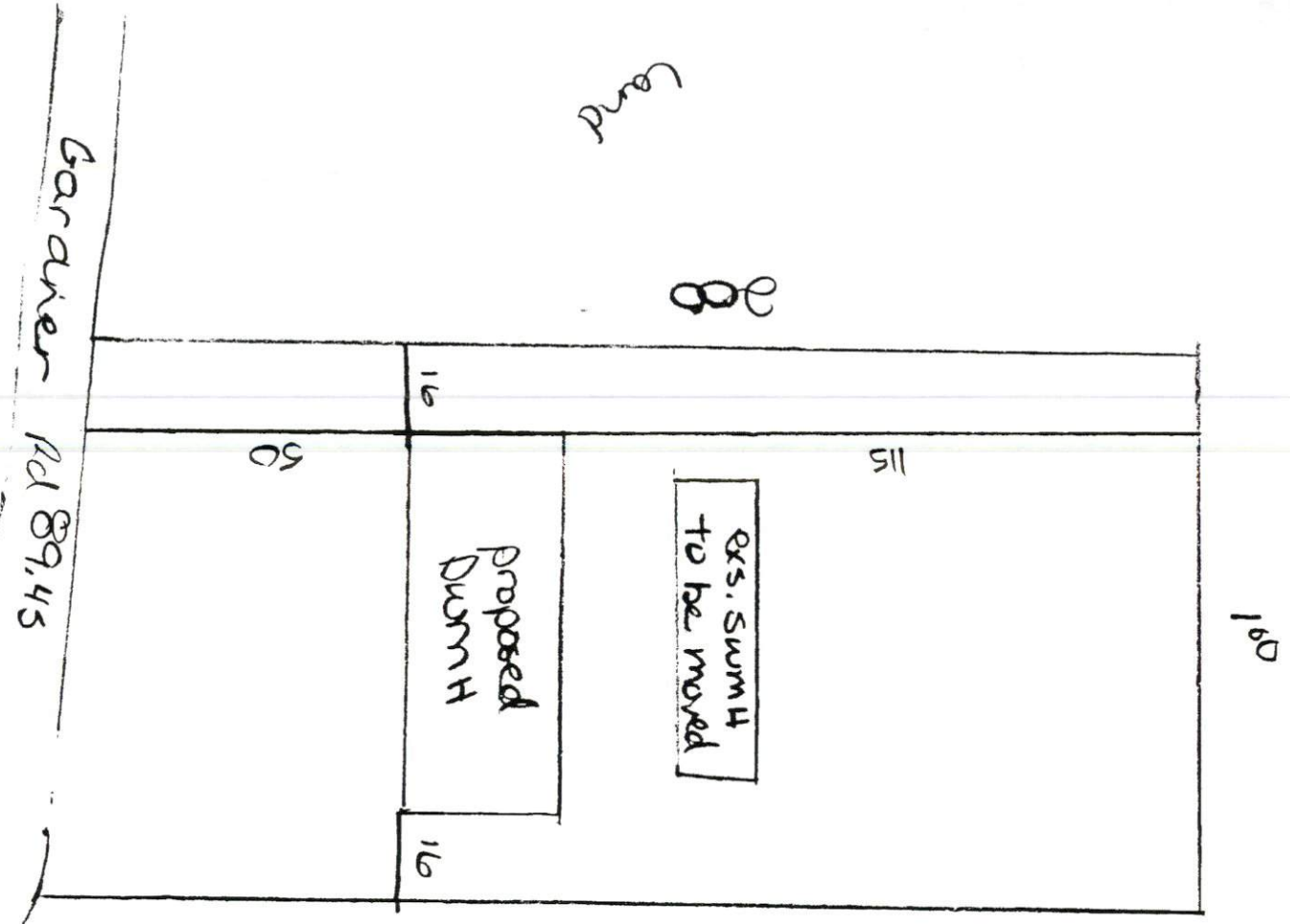
If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Signature of Owner or Owner's Agent: [Signature] Date: 12 22 04

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

837 3/5 S



Land

88

160

209.93

Land

SITE PLAN APPROVAL
 DISTRICT B220R USE Modular
 #BEDROOMS 3
 2-13-04
 ZONING ADMINISTRATOR [Signature]

