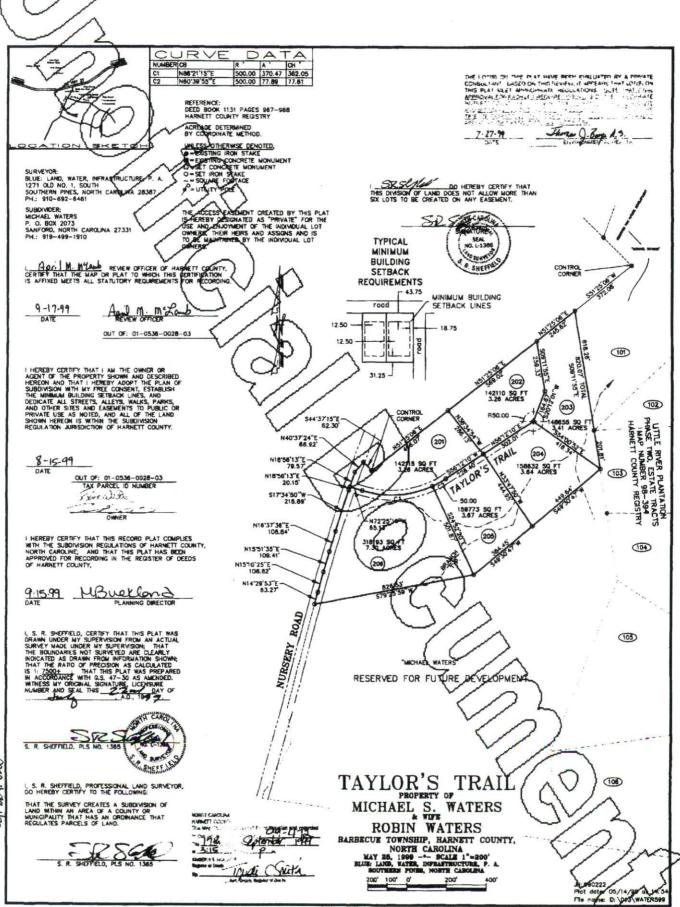
(Sel Paine IP)
Initial Application Date: 11-9-06 White Application # DU-500090R5RR
County of Harnett Land USE APPLICATION Central Permitting 108 F. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org
LANDOWNER: Mike Works Homes In Mailing Address: - DO POX 2013
City: Sourcedstate: NC Zip=DTBBDHome #:Contact #:
APPLICANT : DELORES A. NIER Mailing Address: # 170 WATERS WAY
City: <u>LILLING TON</u> State: <u>NC</u> Zip: <u>27546</u> Home #9108931079 Contact #: 9108931079 *Please fill out applicant information if different than landowner
PROPERTY LOCATION: State Road #: State Road Name:
Parcel: #203 010536002829 PIN: 0517-24-7500,000
00 3 00
Zoning: RADOK Subdivision: Toylors Trail Lot #: 203 Lot Size: 341 A C.RS.
Flood Plain: X Panel: 90 Watershed: NIA Deed Book/Page: OTP Plat Book/Page: 991472
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 EAST TO NURSERY RD
TURN LEFT ONTO NURSERY RD, APPROX 34 MILE TO
WATERS WAY, TURN LEFT TO CUL DE SAC, LOT# 203
PROPOSED USE: STRAIGHT AHEAD.
□ SFD (Size _x # Bedrooms # Baths _ Basement (w/wo bath) _ L Garage _ Deck . Crawl Space / Slab
☐ Modular:On frameOff frame (Sizex) # Bedrooms # Baths Garage (site built? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
□ Multi-Family Dwelling No. Units No. Bedrooms/Unit CARPORT
Manufactured Home: VSWDWTW (Size \(\frac{14}{4} \times \(\lambda \text{D} \) # Bedrooms \(\frac{2}{4} \text{ Garage } \(\frac{1}{4} \text{ (site built? } \(\frac{1}{4} \text{ VO} \) Deck \(\frac{1}{4} \text{ (site built? } \frac{1}{4} \text{ VO} \)
☐ Business Sq. Ft. Retail SpaceType# Employees:Hours of Operation:
□ Industry Sq. Ft
☐ Church Seating Capacity # Bathrooms Kitchen Kitchen
☐ Home Occupation (Sizex) # Rooms UseHours of Operation:
Accessory/Other (Sizex) Use
Addition to Existing Building (Size 16 x 32) Use FAMILY / LIVING ROOM Closets in addition(_)yes (X)no
Water Supply: (X) County (No. dwellings) (Other
Sewage Supply: (🖄 New Septic Tank (Need to fill out New Tank Checklist) () Existing Septic Tank () County Sewer () Other
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 ()YO
Structures on this tract of land: Single family dwellings Manufactured HomesOOP Other (specify)
Required Residential Property Line Setbacks: Comments:
Front Minimum 35 Actual 30
Rear 25 120' carport attached to storage
Side 10 53)
corner/Sidestreet 20 III Palas New applicant-alrammentarin moderical
Nearest Building 10 15' to Manufactured Home \$ 5500 reusion the
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 of plans
submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false
information is provided on this form.
fellows a. Nier 11/09/2000

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Date

Signature of Owner or Owner's Agent



TLin- Worth daw

APPLICATION #:	A	PP	LI	CA	TI	ON	#:	
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This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

exp	iration)
DE	VELOPMENT INFORMATION
X	New single family residence
	Expansion of existing system
	Repair to malfunctioning sewage disposal system
	Non-residential type of structure
WA	TER SUPPLY
	New well
	Existing well
	Community well .
×	Public water
	Spring
Are	there any existing wells, springs, or existing waterlines on this property?
X	yes {} no {} unknown
SEP	TIC
	polying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one. Accepted Innovative
1-	Conventional [_] Any
The ques	applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in tion. If the answer is "yes", applicant must attach supporting documentation.
{}}	YES {X} NO Does The Site Contain Any Jurisdictional Wetlands?
{_}}	YES {X} NO Does The Site Contain Any Existing Wastewater Systems?
{}}	YES {X} NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
{}}	YES {X} NO Is The Site Subject To Approval By Any Other Public Agency?
{_}}	YES {X} NO Are There Any Easements Or Right Of Ways On This Property?
	ve Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.
	derstand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making
The S	Site Accessible So That A Complete Site Evaluation Can Be Performed.
	Closes a. Kier
PRO	PERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE