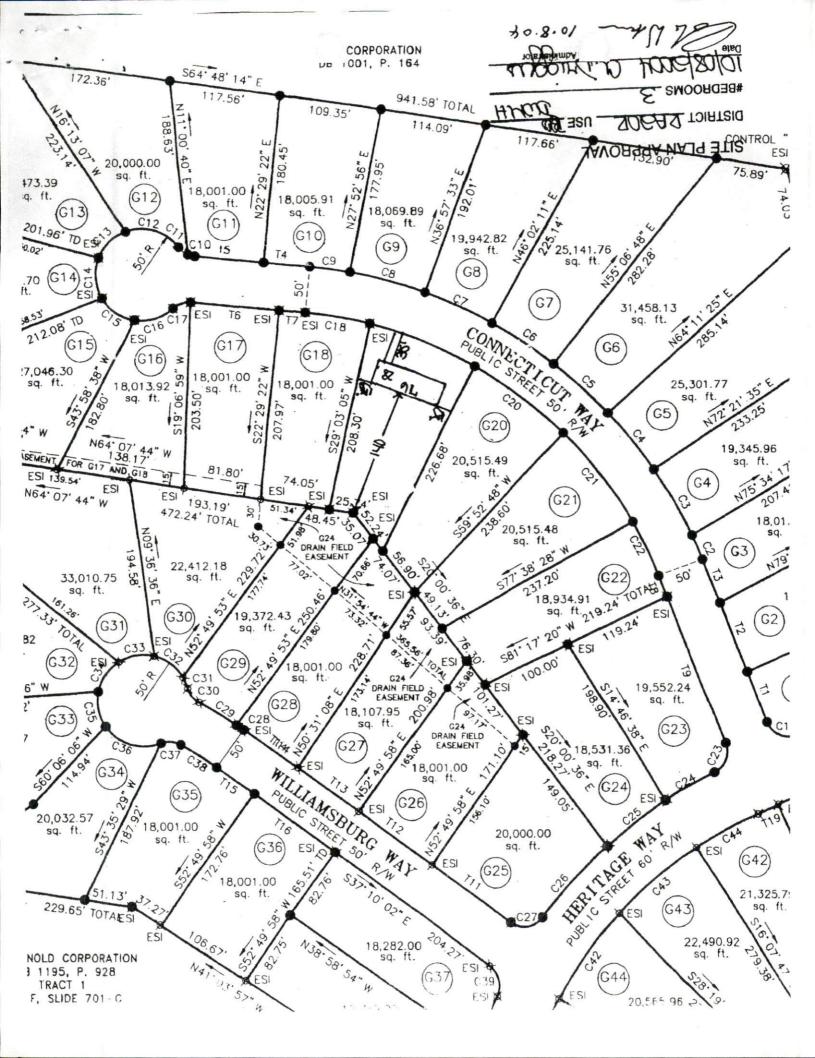
COUNTY OF HARNETT LAND USE APPLICATION

| LANDOWNER: _ | KILAMAGALD | - 0 F | | 41.1- | 20 | (32) | |
|--|--|--|--|--|--------------------------|------------|------------------|
| City: | 11.5111545 | COILI | Mailing Addre | ess: | 2 × | | |
| Jily. | CAMPRONI OUN WATSON (| State: | NC Zip: | Phone #: | | | |
| APPLICANT: C | ocid WATSON (| choo choo Ho | Mailing Addre | ess: 24 0 9 /s | MAGG | Beuk | 2 |
| City: | 4 RTTENIUL | State: | V = Zip: 2 & | 3 - 3 Phone #: | 910 | 860 | 8787 |
| | • | | | | | | |
| | ATION: SR#: | | | | | | |
| Address: | | LUT WAY | (LOT 61 | *** | | | |
| | 1212 03 0185 | | | 12-29-410 | Ω . Ω 0 | - | |
| Zoning: K | DE Subdivision: HR | RITAGE UICE | AGK | Lot #: | 19 | Lo | t Size: 145 |
| Flood Plain: | Panel: <u>0150</u> | Watershed: N | Deed Boo | k/Page: 119519 | \mathcal{K}^- | Plat Book/ | Page: |
| DIRECTIONS TO | THE PROPERTY FROM L | ILLINGTON: HW | 4 1 WA | SF TO HG | 14 24 | TUN | VERFT O |
| MW7 24 | RASS FOR | INO MILES | TURN 1 | CICHE INT | HEA | ITACK | VILLA |
| 100 100 | YARDS THR | RICHT INT | D HERITA | CK WAY F | bn 3 | 00 4 | ARD, T |
| KIGHT IN | | IRUT WAY 1 | 100 | YARDS TO | FIF | TH LOG | on L |
| PROPOSED USE: | | ` , | 2 |)) | | | |
| | welling (Size 28 x 26 | | | ement (w/wo bath) _ | Ga | rage | Deck _ |
| Multi-Family [| Owelling No. Units | No. Bedr | ooms/Unit | 1 4 | 10 | | |
| | Home (Size 28 x 76 | • | Garage | Deck | -111 | - | |
| | ersons per household | | | | | | |
| ☐ Business | Sq. Ft. Retail Space | | | | | | |
| | Sq. Ft. | | Туре | | | | |
| Church | Seating Capacity | A CONTRACTOR OF THE PARTY OF TH | | | | | |
| | ation (Sizex | | | | | | |
| □ Accessory Bu | ormation: | | | | | | |
| 11 22 52 7 6 | disting Building (Sizex | _) Use | | | | | |
| | dading building (Size | X) Use | | | | | |
| I Lither | | | | | | | |
| Other | tion: | | | | | | |
| Additional Informat | , | | | | | | |
| Additional Informat | County (_) Well | (No. dwellings |) () Other | inty Sewer | () | Other | |
| Additional Informati Water Supply: (| County (_) Well New Septic Tank | (No. dwellings |) () Other | inty Sewer | | Other | |
| Additional Informati Water Supply: (Sewage Supply: Erosion & Sedimen | County Well New Septic Tank ntation Control Plan Requir | (No. dwellings Existing Septic Ta |) () Other ink () Cou | | | | YES NO |
| Additional Informat Water Supply: (Sewage Supply: Erosion & Sedimer Property owner of | County () Well New Septic Tank Intation Control Plan Requir this tract of land own land t | (No. dwellings |) () Other ink () Cou | re hundred feet (500) |) of tract lis | | YES NO |
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| Additional Informative Water Supply: (Sewage Supply: Erosion & Sedimer Property owner of Structures on this Required Resider If permits are gramplans submitted Figure 1. | New Septic Tank Intation Control Plan Requir Ithis tract of land own land it Itract of land: Single family Intial Property Line Setbace Interest of land conform to Intere | (No. dwellings |) (_) Other ink (_) Countries | Other (spendatual 35 140 18 140 18 140 18 18 18 18 18 18 18 1 | gulating sur owledge. | ch work an | d the specifica |
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HARNETT COUNTY HEALTH DEPARTMENT

IN ROLLMENT PERM

13021

| from the Harnett County Health De | par tillent. | | | |
|--|----------------------------|-----------------------------|---|--|
| | ld Corp | New Inst | allation | Septic Tank |
| Property Location: SR# HL | 17 21 | Repairs | ` | Nitrification Lin |
| Subdivision Hertage U | MASE | | I ot # | G-19 |
| Tax ID # Number of Bedrooms Proposed | 0 | Quadrant | LOI # | |
| Number of Bedrooms Proposed | 3 | Lot Size: 20, 5 | 515 sq | 14 |
| Basement with Plumbing: | | : D NOTE (| | |
| Water Supply: Well | Public | unity Location | 200 | an and |
| Distance From Well: 50 m | ft. | the Ron | | - 35 mm |
| Following is the minimum specifi final approval. | cations for sewage dispo | osal system on above ca | ptioned pr | operty. Subject to |
| Type of system: | nal 🔟 Other_ | Pumpto Con | 1. | |
| Size of tank: Septic Tan | k: 1000 gallons | | | |
| Subsurface No. of Drainage Field ditches | exact length of each ditch | 00 00 | | » Av/ |
| French Drain Required: | Linear feet | | 1t. ditc | nes m. |
| • | | | | |
| | Dat | e: 11-19-97 | | |
| This permit is subject to revoc | Dat | ned: gor WA | nl | |
| | Dat | ned: 90 WA Environment | ntal Health | Specialist |
| This permit is subject to revoc | Dat | ned: gor WA | n! ntal Health | Specialist |
| This permit is subject to revoc | Dat | ned: 90 WA Environment | ntal Health | a Specialist |
| This permit is subject to revoc | Dat | ned: 90 WA Environment | ntal Health | R |
| This permit is subject to revoc | Dat | ned: 90 WA Environment | ntal Health | R |
| This permit is subject to revoc | Dat Sig | ned: 90 WA Environmen | 30 - 28x48 | R |
| This permit is subject to revoc | Dat | ned: 90 WA Environmen | ntal Health | DRIVE |
| This permit is subject to revocable plans or intended use change. | Dat Sig | ned: 90 WA Environmen | 30 - 28 x 4 8 3 B / L | DRIVE 35 Note |
| This permit is subject to revocate plans or intended use change. | Dat Sig | ned: 90 WA Environmen | 30 - 28 x 4 8 3 B / L | DRIVE 35 Note Change |
| This permit is subject to revocation plans or intended use change. | Dat Sig | ned: 90 WA Environmen | 30 - 28 x 4 8 3 B / L | DRIVE 35 Note Change |
| This permit is subject to revocate plans or intended use change. | Dat Sig | ned: Jon WA Environmen | 30 1-28×48 3BA | DRIVE 35 Note Change |
| This permit is subject to revocable plans or intended use change. | Data Sig | ned: Jon WA Environment 208 | 30 - 28 x 48 - 38 / 48 - 38 / 48 | DRIVE 35 Note Change To house Location |
| This permit is subject to revocation or intended use change. | Date Sig | ned: Jon WA Environmen 208 | 30 28 x 48 38 A 30 30 30 | DRIVE 35 Note Change House Location |
| This permit is subject to revocable of the subject to revo | Date Sig | ned: Jon WA Environmen 208 | 30 28 x 48 38 A 30 30 30 | DRIVE 35 Note Change House Location |

AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1302 \tag{\text{.}}. 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 KIAROOLI CORP |
| Name: Telephone # |
| Address: |
| Property Location: SR # _ HWY 24 Road Name |
| New Installation Repair Septic Tank Nitrification Lines |
| Subdivision Heritage Village Lot# 6-19 |
| Number of Bedrooms Proposed: 3 Lot size: 20,515 sg ft |
| Basement With Plumbing Without Plumbing |
| Water Supply: Well Public Minimum Well Setback: ft. |
| Type of System: Conventional Other |
| Tank Volume: Septic Tank gallons Pump Chamber gallons |
| Nitrification Field Specifications |
| Number of fields Number of Lines per Field Length of lines |
| Width of ditches ft. Depth of ditches 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: () () () () () () () () () (|
| (Revised 2/96)CNSTRCT.WPD |

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION, PO BOX 09, LILLINGTON, NC 893-7547 APPLICATION FOR IMPROVEMENT PERMIT

9/18/97

| DATE |
|--|
| NAME KILARNOLD CORPORATION TELEPHONE NO. 919-499-2552 |
| ADDRESS(current) 5004 Independence Way, Cameron, NC 28326 |
| PROPERTY OWNER KILARNOLD CORPORATION |
| SUBDIVISION NAME HERITAGE VILLAGE LOT NO. |
| PROPERTY ADDRESS STATE RD. NO |
| DO YOU HAVE A LEGAL DEED TO THIS PROPERTY ? YES IF NO PLEASE SHOW A PURCHASE AGREEMENT OR AUTHORIZATION OF AUTHORITY IF NO EXPLAIN |
| DIRECTIONS <u>High way 24 past highway 87 West of intersection .7</u> miles on left |
| SIZE OF LOT OR TRACT Lots 20,000 square feet or better |
| 1. Type of dwelling DW Basement with plumbing NO 2. Number of Bedrooms 3 Garage NO 3. Dishwasher YES 4. Garbage Disposal NO |
| WATER SUPPLY - PRIVATE WELL COMMUNITY SYSTEM COUNTY_ X |
| A <u>plot plan</u> must be attached to this application showing: 1) Setting of dwelling, 2) Desired placement of septic tank system and 3) Well placement. |
| <u>Place stakes at the exact location of dwelling and at each corner of lot.</u> |
| An on site inspection must be made, which consists of a soil evaluation. |
| A zoning permit must be obtained from the Planning Department before an improvement permit can be issued by this department. |
| This certifies that all the above information is correct to the best of my knowledge and any false information will result in the denial of permit. Once the permit is issued, the permit is good for a period of 5 years. The permit is subject to revocation if site plans or the intended use change. |
| KILARNOLD CORPORATION |
| Revised (3-93) or Authorized Agent ONLY. |



OUNTY OF HARNE __ 007231

Fee: 20 Receipt: Permit:

Date: 7-9-9

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

| LANDOWNER INFORMATION: APPLICANT INFORMATION: |
|---|
| NAME Kilarnold Corporation ADDRESS 5004 Independence Way Cameron, NC 28326 PHONE: (919) 499-2552 NAME Kilarnold Corporation ADDRESS 5004 Independence Way Cameron, NC 28326 PHONE: (919) 499-2552 PHONE: (919) 499-2552 |
| PROPERTY LOCATION: Street Address Assigned Connecticut Way |
| SR # NC 24 RD. NAME HWY 24 W TOWNSHIP 09 FIRE RESCUE |
| TAX MAP NO.9575(04)-60PARCEL NO.9284 FLOOD PLAIN X. PANEL0150-D |
| SUBDIVISION Heritage Village PH VL BLF LOT # 19 LOT/TRACT SIZE |
| ZONING DISTRICT N/A DEED BOOK 924 PAGE 326 ON FIL |
| WATSHED DIST. N/A WATER DIST. N/A PLAT BOOK F PAGE 231-C |
| Give Directions to the Property from Lillington: |
| |
| PROPOSED USE () Sq Family Dwelling(Sizex) # of Bedrooms Basement_ |
| Water Supply: (x) County (_) Well (No. dwellings) (_) Other Sewer: (x_) Septic Tank (Existing?_NO_) (_) County (_) Other Erosion & Sedimentation Control Plan Required? YesNo_X_Are there any wells not on this lot but within 40 ft of the property line_NO_ (show on Site Plan). *NOTE: A Site Plan must be attached to this Application, drawn to scale on an 8.5 by 11 sheet, showing: existing and proposed buildings, garages, driveways, decks, accessory buildings, well, and any wells within 40 feet of your |

A recorded deed and recorded plat are

property line.

| | SETBACK REQUIREMENTS Front property line Side property line Corner side line Rear Property Line Nearest building Stream Percent Coverage | Actual | Minimum/Maximum Required |
|-------------------|--|--|--|
| | Are there any other structure No. of single family dwe Other (specify & number) | | s tract of land? No D. of manufactured homes 1 |
| | Does the property owner contains a manufactured plisted above? Yes | of this trac nome within f: No <u>X</u> | t of land own any land that ive hundred feet of the tract |
| pi i s i | very respect conform to provisions of the Statut n Harnett County. Any mmediately REVOKES the | the terms of es and Ordina VIOLATION (S PERMIT. | contained herein is true to epting this permit shall in this application and to the ances regulating development of the terms above stated further understand this a CERTIFICATE OF OCCUPANCY of the from date issued. |
| * | ********* | ******* | ********* |
| F | OR OFFICE USE ONLY | | * |
| C | opy of recorded final pl | at of subdivi | sion on file? |
| I : | ounty Subdivision Ordinal Watershed Ordinanc Mobile Home Park O | p? | compliance with the Harnett |
| 15 | SSUED | _ DEN | IED . |
| Co | omments: | | |
| _ | | | |
| | | | |
| Zc | oning/Watershed Administ | | 7-9-97 |
| | The Huminist | rator | Date |

C:\WP2\FORMS\PDLUPERM

