LNV. Rec'd 8/23/06

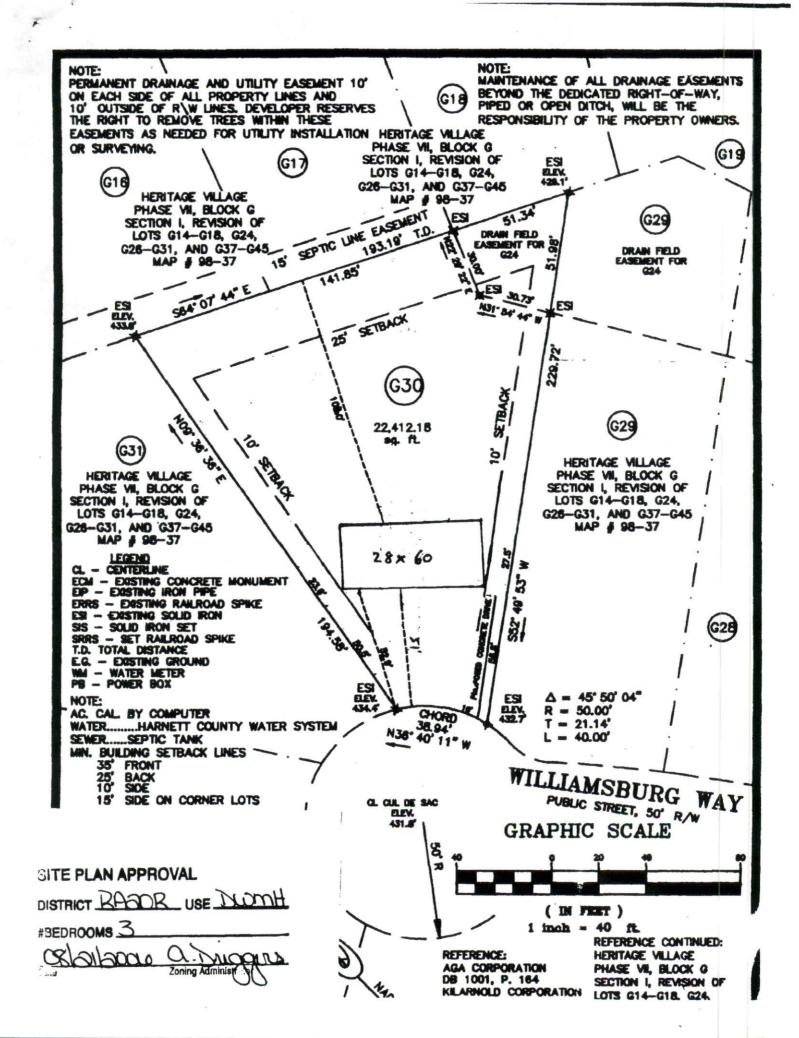
	8-18-06
itial Application Date:	0 ,0 -0

Application # 00-50015095

1260478
COUNTY OF HARNETT LAND USE APPLICATION Central Permitting 102 E. Front Street, Lillington, NC 27546 Phone: (910) 893-4759 Fax: (910) 893-2793
ANDOWNER: KILARNOLD CORP Mailing Address: 38 INDEPENDENCE WAY
ity: CAMARON State: NC Zip: 28326 Phone #: 919 775 9286
PPLICANT: CHOO CHOO HOMES Mailing Address: 4209 BRACG BLVD
ity: FAYETTEVILLE State: Ne Zip: 28307 Phone #: 910 860 8787
ty: fayerreview State: Nc Zip: 28303 Phone #: 910 860 8187
ROPERTY LOCATION: SR #: 24 £ SR Name: 24 £
ROPERTY LOCATION: SR #: SR Name: C
arcel: 09 9575 03 DRS 30 PIN: 9575-50-1579.000
oning: RASDR Subdivision: HKR. TALE UILLAGE Lot #: G30 Lot Size: 1 Act Size: 1
IRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 Low 24 Find 2 MILES
TIR INTO INDEPENDENCE WAY TIR INTO HERITAGE WAY TO 4TH MAD ON RIGHT
WILLIAMSBURG WAS TO 10th COT ON RICHT
ROPOSED USE: So Family Dupiling (Size v) # of Redrooms # Raths Resement (w/wo bath) Garage Deck
Sg. Family Dwelling (Szs
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit Manufactured Home (Size 28 x 60) # 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 Use
Additional Information:
Accessory Building (Sizex) Use
Other
ater Supply: (County () Well (No. dwellings) () Other Environmental Health. Supply: ()
ewage Supply: () New Septic Tank () Existing Septic Tank () County Sewer () Other
osion & Sedimentation Control Plan Required? YES NO
operty owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract list and bove YES
ructures on this tract of land: Single family dwellings Manufactured homes \ Qther (specify)
equired Residential Property Line Setbacks: Minimum Proposition
Front 35
Rear <u>25</u> <u>108</u>
Side
No Color
Corner 20 H
Nearest Building 10 14
the second second to all endorses and the laws of the Obstant Months and the second to second the second section of
permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such ork and the specifications or
and submitted. I hereby swear that the forecoing statements are accurate and correct to the best of my knowledge.

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

Date



HARNETT JUNTY HEALTH DEPARTMENT

NO

12534

IM. ROVEMENT PERMIT

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."

from the Harnett County Health Department."	Nam Installation	O Cantia Touls
Name: (owner) Kildrastd Corp		
Property Location: SR#	☐ Repairs	Nitrification Line
Subdivision Hertage VIIIage	Lot	# G-30
Tax ID #	Quadrant #	
Tax ID #	t Size: 22 412	55 A+
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal syst final approval.		property. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons Pur		
Subsurface No. of exact length of each ditch of each ditch of each ditch	width of ditches3 ft. d	epth of sitches in.
French Drain Required: Linear feet		
	(20.57	
This permit is subject to revocation if site plans or intended use change. Signed:	Environmental Hea	Ith Specialist
pains of interact use change. 193'	/ Environmental flea	- Specialist
110 110	10 GAirmont	STUB out
	30' Gay 30' Gay	101
	12-1	Kinping
	30'	Shallow
	110/	18 max
		Dilch Depth
		Follow contar
15 5		mantan
12 3 28 x 48 3 BR MI		
23 / 2013 8 300	14 /229	All
1911	1	Regulard
		SetBack
55'	W /	J. 1 J. 1 . 1
1.11 ans R C10	14	

HARNETT COUNTY HEALTH DEPARTMENT

AUT DRIZATION TO CONTRUCT

by Harnett County Health Department Improvemen shall be valid for a period not to exceed five (5) years will be invalid if ownership, site plans, or intended us	from the date of issuance. This authorization e change.	
Owner or Authorized Agent KARCOLD CORP		
Name:	Telephone #	
Address:		
Property Location: SR #	Road Name	
New Installation Repair Septic	Tank Nitrification Lines	
Subdivision Heritage Village	Lot#_6.30	
Number of Bedrooms Proposed:L		
Basement With Plumbing	Without Plumbing	
Water Supply: Well Public M	inimum Well Setback: ft.	
Type of System: Conventional Other		
Tank Volume: Septic Tank/COO gallons	Pump Chamber gallons	
Nitrification Field Sp	ecifications	
Number of fields Number of Lines per Field _	Length of lines 240	
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: (1) (P)	Date: 8-13-97	
(Revised 2/96)CNSTRCT.WPD		