

Initial Application Date:

12/5/06 1/16/07

COUNTY OF HARNETT LAND USE APPLICATION

Application # 0450016318R

manually confirmed (sgs)

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: Jimmy Byrd Mailing Address: 3450 Leaflet Church Rd

City: BROADWAY State: NC Zip: 27505 Home #: 919-499-8424 Contact #:

APPLICANT: Wilma and Rodney Howell Mailing Address: 5413 Plum Lane

City: Blytheville State: AK Zip: 72315 Home #: 870-532-0037 Contact #: 910-323-8222

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 2035 State Road Name: Ray Byrd Rd (off 52# 2035 Stockyard Rd)

Parcel: 100559 0045 1604 PIN: 055838-0672-000 4444.000

Zoning: RA-20R Subdivision: Stockyard Road Estates II Lot #: 5139 Lot Size: 274x140x208x53

Flood Plain: X Panel: 95 Watershed: IV Deed Book/Page: 01562/0732 Plat Book/Page: 2022/89

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 401 S turn Right on Stockyard Rd, turn Left on Ray Byrd Rd lot is at end of cul-de-sac on right on left

PROPOSED USE:

- Circle:
SFD (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage Deck Crawl Space / Slab
Modular: On frame Off frame (Size x) # Bedrooms # Baths Garage (site built?) Deck (site built?)
Multi-Family Dwelling No. Units No. Bedrooms/Unit
Manufactured Home: SW X DW TW (Size 28 x 56) # Bedrooms 3 Garage NO (site built?) Deck Stoop (site built?) YES
Business Sq. Ft. Retail Space Type # Employees: Hours of Operation:
Industry Sq. Ft. Type # Employees: Hours of Operation:
Church Seating Capacity # Bathrooms Kitchen
Home Occupation (Size x) # Rooms Use Hours of Operation:
Accessory/Other (Size x) Use
Addition to Existing Building (Size x) Use Closets in addition ()yes ()no
Water Supply: (X) County () Well (No. dwellings) () Other
Sewage Supply: (X) New Septic Tank (Must 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 (X) NO
Structures on this tract of land: Single family dwellings Manufactured Homes 1 prop Other (specify)

Required Residential Property Line Setbacks:

Table with columns: Front, Minimum, Actual, Rear, Side, Sidestreet/corner lot, Nearest Building on same lot. Values include 35, 52, 25, 108-211, 2615, 20, 10.

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.

Signature of Owner or Owner's Agent: Carla Simmons

Date: 12/5/06

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

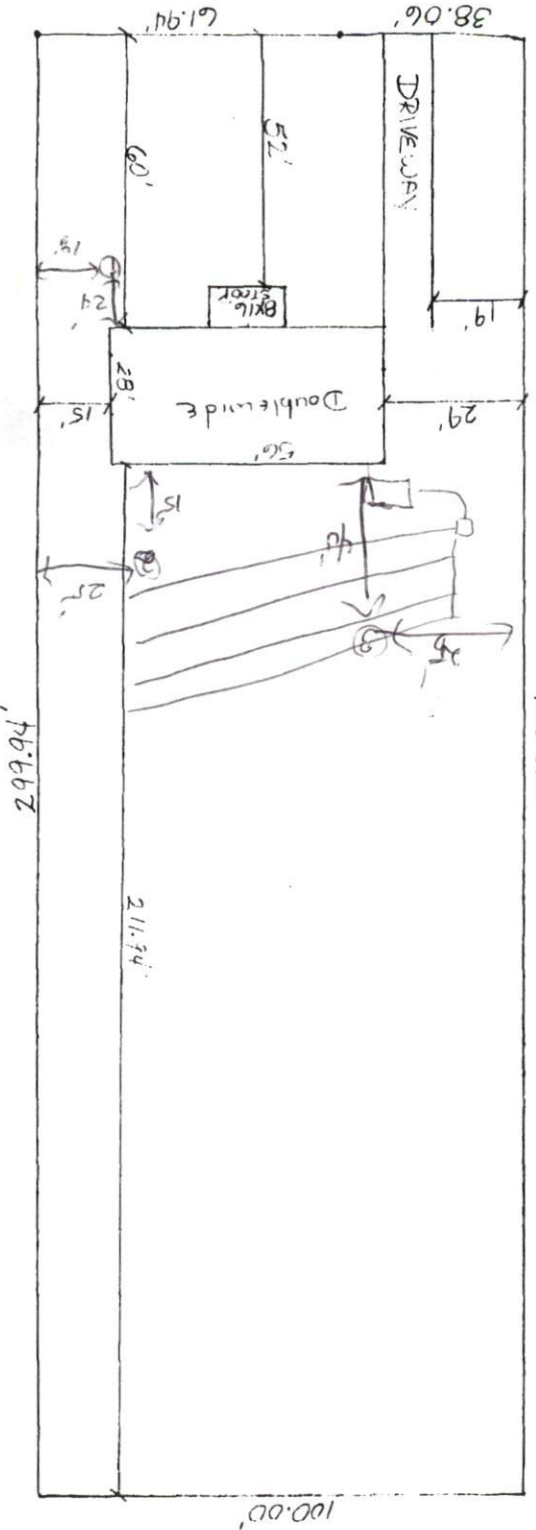
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

1/16 S

1" = 30'

Lot #39 Shadywood Rd Bethks



SITE PLAN APPROVAL
 DISTRICT RAZOR USE PMMH
 #BEDROOMS 3

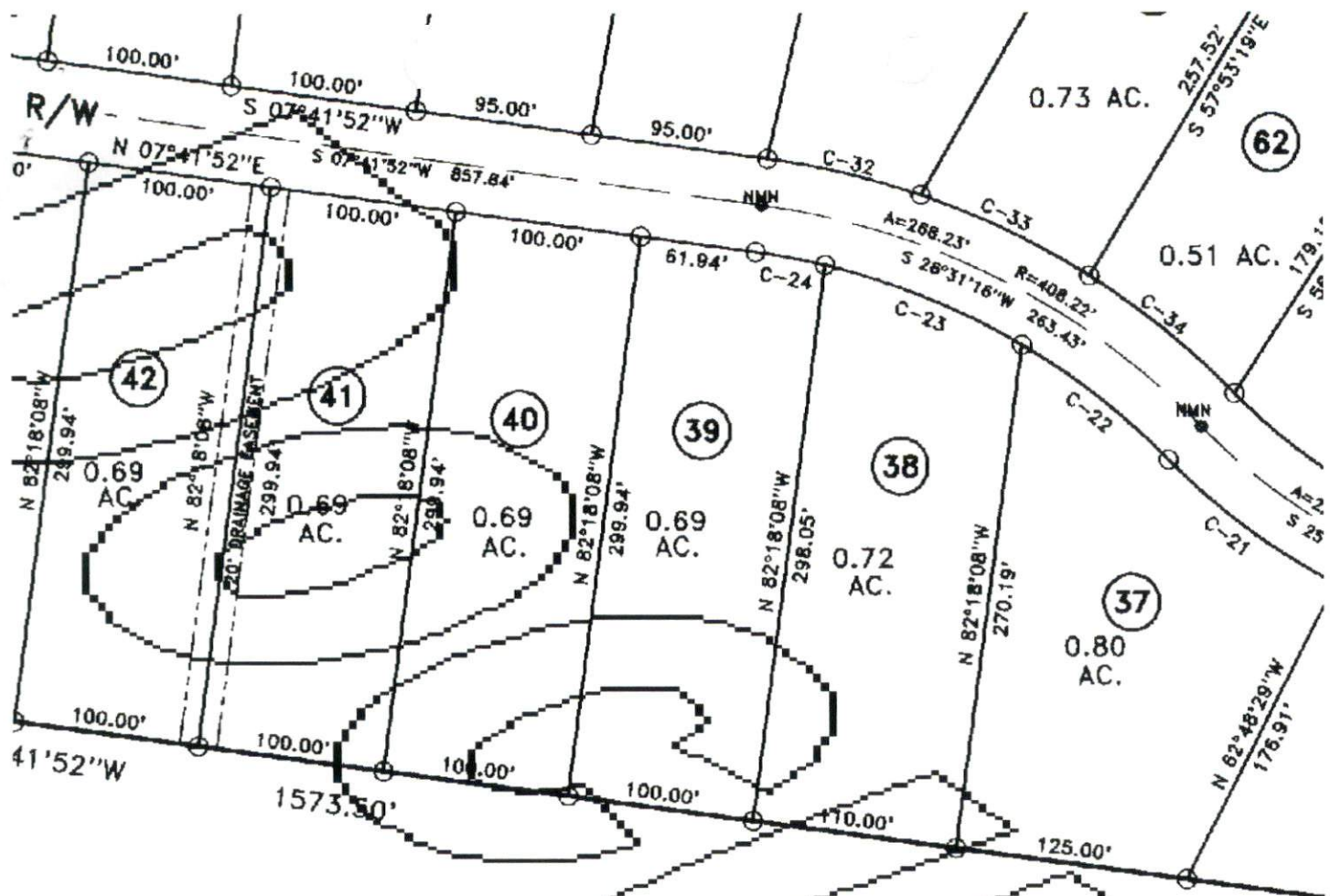
[Signature] 1/16/07
 SPECIAL ADMINISTRATOR
[Signature] 1/16/07

288.00'

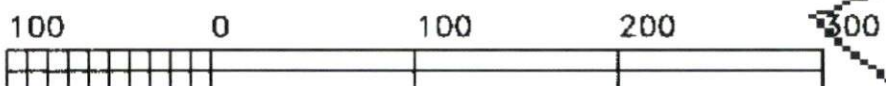
299.66'

100.00'

4x75 @ 18-24"



VATER A. BUIE
 DB. 702, PG. 30



GRAPHIC SCALE - FEET
 1" = 100'

NOTE: NEW IRON STAKES SET AT ALL
 LOT CORNERS UNLESS OTHERWISE NOTED.

NMN-- NEW MAG. NAIL SET IN ROAD FOR CONTROL AS SHOWN.

Surveyed and
 plat filed for
 this purpose
 by the office of
 the
 4th
 11:19
 E. M. M.

OWNER NAME: Jimmy Byrd

APPLICATION #: 0650016318

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)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property?

yes no unknown

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative
- Alternative Other
- Conventional Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES NO Does The Site Contain Any Jurisdictional Wetlands?
- YES NO Does The Site Contain Any Existing Wastewater Systems?
- YES NO Is Any Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?
- YES NO Is The Site Subject To Approval By Any Other Public Agency?
- YES NO Are There Any Easements Or Right Of Ways On This Property?

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

Paula Emmons
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

12/5/06
DATE