2/12/2006 02:48	91949 !4	HIGHLAN		.DR	PAGE 03	
	2.12.00	0 1,	dita	chia	The second secon	
·	7.12.CK	K Harana	alla	C 00 6	001/0206	
Initial Application Date:	E Jeure	MANADO NO E	Applica	tion #		
		OUNTY OF HAMNETT LAND USE A	PPLICATION	44	WMH	
Central Permitting 108	E. Front Street, Lillington,	40 27546 Phone: (910) 863-75		10) 883-2793	www.harnett.org	
LAMPONINES HE GOT	ball House	BUILDEES Malling Address:	80 Rx	GE VIEW	Dr. 1329397	
CAMERON	l de la	707'2/	100 010	1	s and F	
		C ZIp: 28326 Home #: 9-0	477-242	Contact #:	SAME	
APPLICANT": 5	AME	Mailing Address: _				
City;	Stets:			Contact #:		
	ation if different than landowner	Polus				
PROPERTY LOCATION:	State Road #: 24/2/	State Road Name: 04 07	0.4.05			
Percel: 09-9555-	-0024-51	PIN: 9555	-97-cr	COO . 19%		
Zoning: RA ZOR Sut	division: THE RID	GE (SHERWOOD FORE	5 T Lot#	10 6	8iza: -63	
		ershed: Deed Book/Peg			,	
,		ULLINGTON: 24/27 W	703	"Extude	7/123	
CT LEFT	WID SUBBINE	5/0N.				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			· · · · · · · · · · · · · · · · · · ·		
PROPOSED USE:) & Godenson & Both		0	Onet	Circle:	
		s Buserment (w/wo bath) # Betrooms # Beths		Deck Dec (site built?) Dec	Crawl Space / Slab	
		No. Bedrooms/Unit	_ cersia	K	uncare et front	
Manufactured Home:	sw pw / Tw	(Size_68x 40) # Bedrooms_3	Gerege Y	(alte built? Y) Dec	* N (site builty N) DOTCH	
D Business Sq. Pt.	Retail Space	Туре	& Employees:			
a industry Sq. Ft.		Туре	_# Employees:	Hours of Op	eration:	
Church Seating	Capacity#	Betwooms Kitchen				
O Home Occupation	(Sizex) # R	oomsUse		Hours of Ope	ration:	
☐ Accessory/Other	(SizeX) Use		······			
Addition to Existing Bu		Use		Closets in a	ddition(_)yes (_)no	
Water Supply: () County						
The contract of the contract o		ew Tank Checklist) () Existing Sep			C) Other	
		ins a manufactured home with five hun	1	of truct listed above?	THA MED	
Structures on this tract of la	E1 101073 1010 1010 1010		tach.	Other (specify)	- Charles Orange	
Required Residential Prop		Gorments:	MAIN	1/E W/1	11 10/11/0	
Front Minimum 35	Actual 60	Deala	1/04	9		
Rear25_	65	Depurate	Cana	lace	DOCICATUON.	
Side 10	14				, ,	
	NII	The state of the s	*****			
Sidestreet/corner lot	- 11	K1				
Nearest Building 10		U				
on same lot	ma to supplement or all articles	annes and the lease of the Chate of El	otth Carolina re	oulettnes each work	and the executivations of plans	
If permits are granted I agree to conform to all ordinances and the laws of the State of Notifi 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.						
A A	A7					
Terri Z.	Ciesi		12-7-0	6		
	mer's Agent		ate			

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

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

Please use Blue or Black ink ONLY

10/06

12/17/2006

22:53

HIGHLAND HOME

ILDR

"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

DM 60	PROVEMENT P	ERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either at expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without					
DE	VELOPMENT	INFORMATION					
	New single fam	ily residence					
	Expansion of ex	Expansion of existing system					
Q	Repair to malfunctioning sewage disposal system						
D	Non-residential	type of structure					
W	TER SUPPLY						
Q	New well						
	Existing well						
۵	Community wel	1					
V	Public water						
O	Spring						
Are there any existing wells, springs, or existing waterlines on this property?							
{) yes (V) no	{}} unknown					
	PTIC pplying for author	ization 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 n stion. If the ansv	otify the local health department upon submittal of this application if any of the following apply to the property in er is "yes", applicant must attach supporting documentation.					
{	YES () NO	Does the site contain any Jurisdictional Wetlands?					
_	YES (V) NO	Does the site contain any existing Wastewater Systems?					
{_	YES (Y) NO	Is any wastewater going to be generated on the site other than domestic sewage?					
{	XES (NO	, , , , , , , , , , , , , , , , , , , ,					
-	YES (NO	Are there any easements or Right of Ways on this property?					
~	YES () NO	Does the site contain any existing water, cable, phone or underground electric lines?					
		If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.					
		lication And Certify That The Information Provided Herein Is True, Complete And Correct. Anthorised County And					
		anted 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.							
T MAG	T. A.S.	P P.					
799	WHITE OF THE	12-7-06					

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

DATE