



COUNTY OF HARNETT.

Fee: 20⁰⁰

Receipt: _____

Permit: 5788

Date: 5-2-97

APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

PROPERTY DESCRIPTION/LAND USE PERMIT

LANDOWNER INFORMATION:

NAME JAMES & CHERYL LOWE
ADDRESS P.O. Box 1603
Spring Lake, N.C. 28309
PHONE 497-1661 W 436-0824

APPLICANT INFORMATION:

NAME SAME AS LANDOWNER
ADDRESS _____
PHONE _____ W _____ H _____

PROPERTY LOCATION:

Street Address Assigned _____
SR # 111D RD. NAME West Rd TOWNSHIP 09 FIRE _____ RESCUE _____
TAX MAP NO. 957414 PARCEL NO. 2153 FLOOD PLAIN X PANEL 150
SUBDIVISION _____ LOT # B LOT/TRACT SIZE 1.01A
ZONING DISTRICT N/A DEED BOOK 1201 PAGE 9
WATSHED DIST. HP WATER DIST. _____ PLAT BOOK F PAGE 1663C

Give Directions to the Property from Lillington: go to 87 N
LAKE Ext. 24 TOWARD CARHAGE - MAKE LEFT AT MARKS
RD go to WEST Rd & MAKE RIGHT ON WEST Rd PROPERTY
EXCESS NEXT to MAIL BOX MARKED 729 PERKINS.

PROPOSED USE

- () Sq Family Dwelling (Size _____ x _____) # of Bedrooms _____ Basement _____
Garage _____ Deck _____ (size _____ x _____)
() Multi-Family Dwelling No. Units _____ No. Bedrooms/unit _____
(X) Manufactured Home (Size 14 x 70) # of Bedrooms 2 Garage _____
Deck _____ (size _____ x _____)
(X) Number of persons per Household 2
() Business SqFt Retail Space _____ Type _____
() Industry SqFt. _____ Type _____
() Home Occupation No. Rooms/size _____ Use _____
() Accessory Bldg. Size _____ Use _____
() Addition to Existing Bldg. Size _____ Use _____
() Sign Size _____ Type _____ Location _____
() Other _____

Water Supply: () County (X) Well (No. dwellings _____) () Other _____
Sewer: (X) Septic Tank (Existing? NO) () County () Other _____
Erosion & Sedimentation Control Plan Required? Yes _____ No 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 property line.

A recorded deed and recorded plat are also required.

SETBACK REQUIREMENTS

Front property line
Side property line
Corner side line
Rear Property Line
Nearest building
Stream
Percent Coverage

Actual

60
20
135
25
0

Minimum/Maximum Required

35
10

25
10

Are there any other structures on this tract of land? NE
No. of single family dwellings No. of manufactured homes
Other (specify & number)

Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet of the tract listed above? Yes No

I hereby CERTIFY that the information contained herein is true to the best of my knowledge; and by accepting this permit shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES this PERMIT. I further understand this structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued. This permit expires six months from date issued.

Chester L. Lowe
Landowner's Signature
(Or Authorized Agent)

5-2-97
Date

FOR OFFICE USE ONLY

Copy of recorded final plat of subdivision on file? YES

Is the lot/tract specified above in compliance with the Harnett County Subdivision Ordinance?

Watershed Ordinance?

Mobile Home Park Ord?

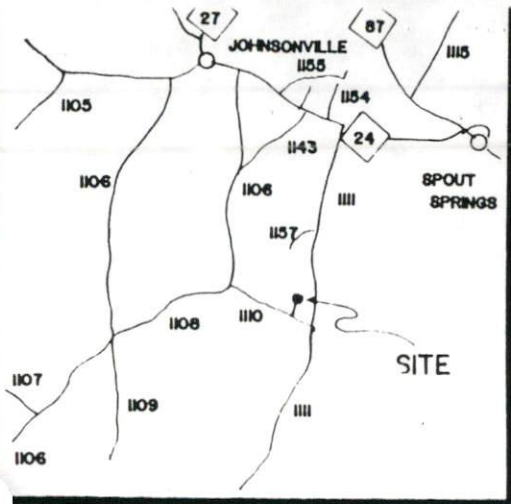
ISSUED

DENIED

Comments:

Lisa J. Fort
Zoning/Watershed Administrator

5-2-97
Date



VICINITY MAP

SITE PLAN APPROVAL

DISTRICT R/A USE _____

#BEDROOMS _____

Date 5-2-87 Lisa S. [Signature]

Date

Zoning Administrator

CONTROL CR.
EXISTING AXLE

N 5°30'00" E
210.00'

N 84°32'41" W

65.58'

CP

96.49'

210.00'

EIP

TOTAL

47.93'

NIP

WELL

SERVICE
POLE

25

130

1.01 AC. BY
COORDINATE
METHOD

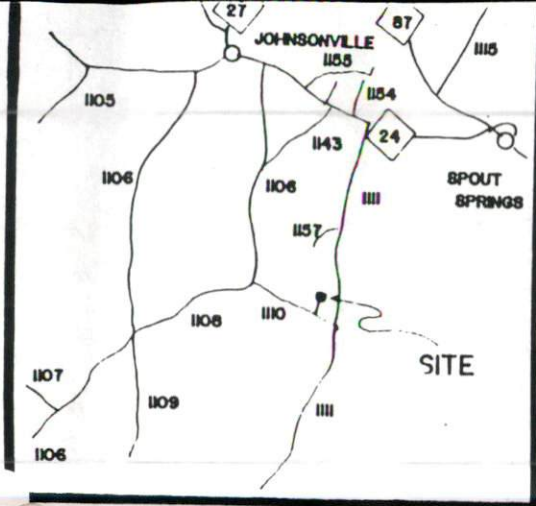
135

210.00'

S 5°30'00" W

DOCKERY
324/628

WILKERSON
324/627



VICINITY MAP

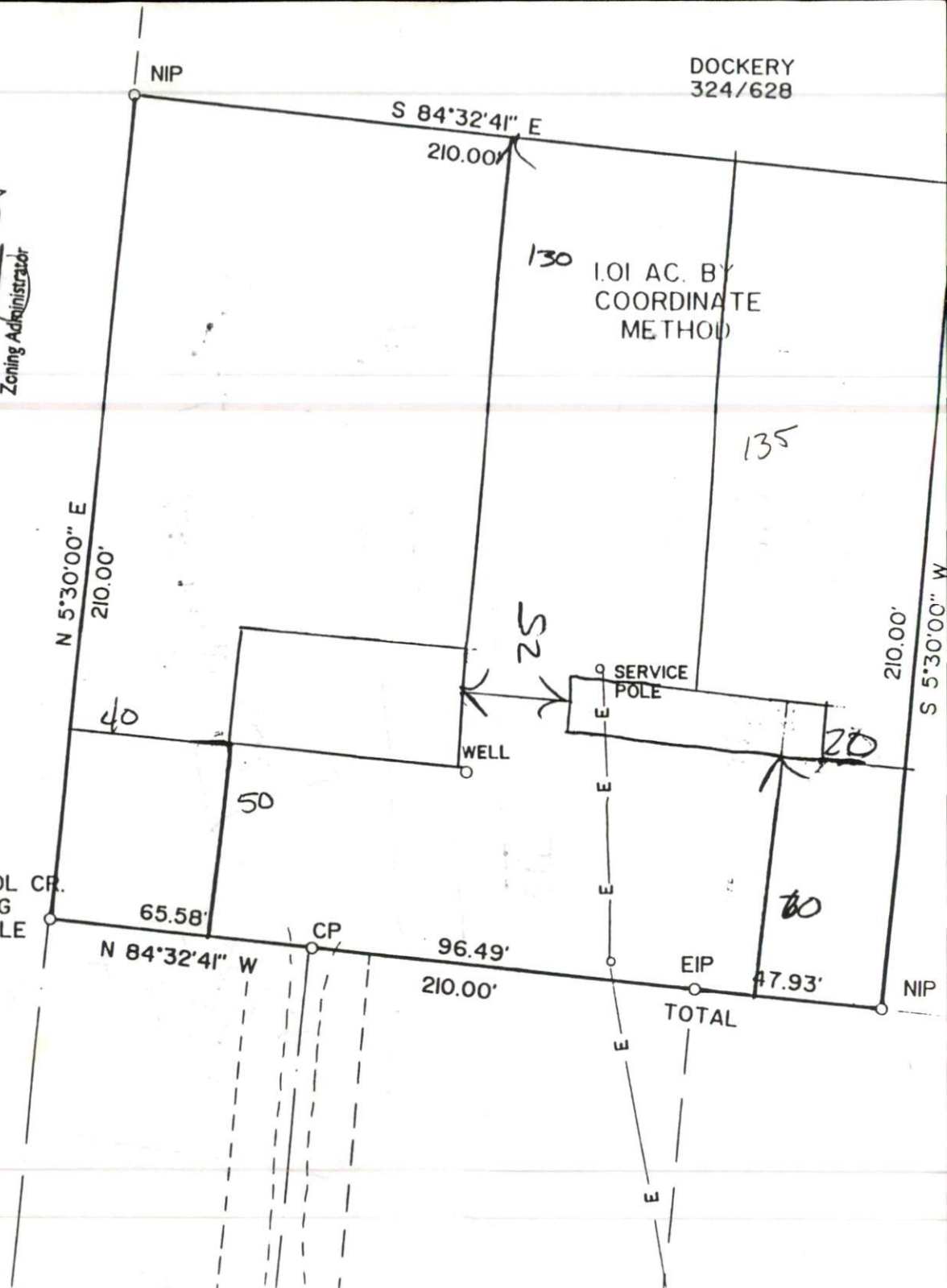
SITE PLAN APPROVAL

DISTRICT N/A USE

#BEDROOMS

Date 5-2-97

Zoning Administrator [Signature]



CS
0-44
18.24

3X70
or
2X100
or
1X200

