

Initial Application Date: 7-27-15 to 15 Application # 15-502 0719R
 COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION CU# _____
 Central Permitting 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: Beulah Bethea Mailing Address: P.O. Box 1037
 City: Broadway State: NC Zip: 27505 Contact No: 919-258-5888 Email: _____

APPLICANT: Beulah Bethea Mailing Address: P.O. Box 1037
 City: Broadway State: NC Zip: 27505 Contact No: 919-258-5888 Email: _____
 *Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Bulla U Land Use Bulla U A1 Lot #: A1 Lot Size: 1.56
 State Road # _____ State Road Name: Lee County Line Rd Map Book & Page: 2015 227
 Parcel: 13-9681-0031-01 PIN: 9681-33-9922 2015
 Zoning: RA20R Flood Zone: Y Watershed: NA Deed Book & Page: 1107, 502 Power Company: _____
 *New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

- SFD: (Size ___ x ___) # Bedrooms: ___ # Baths: ___ Basement (w/w/o bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: ___
 (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))
- Mod: (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/w/o bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
 (Is the second floor finished? () yes () no Any other site built additions? () yes () no)
- Manufactured Home: SW ___ DW ___ TW (Size 14 x 80) # Bedrooms: 3 Garage: 0 (site built? ___) Deck: 0 (site built? ___)
- Duplex: (Size ___ x ___) No. Buildings: _____ No. Bedrooms Per Unit: _____
- Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____
- Addition/Accessory/Other: (Size ___ x ___) Use: _____ Closets in addition? () yes () no

Water Supply: County ___ Existing Well ___ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: New Septic Tank (Complete Checklist) ___ Existing Septic Tank (Complete Checklist) ___ County Sewer

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 Other (specify): _____

Required Residential Property Line Setbacks:

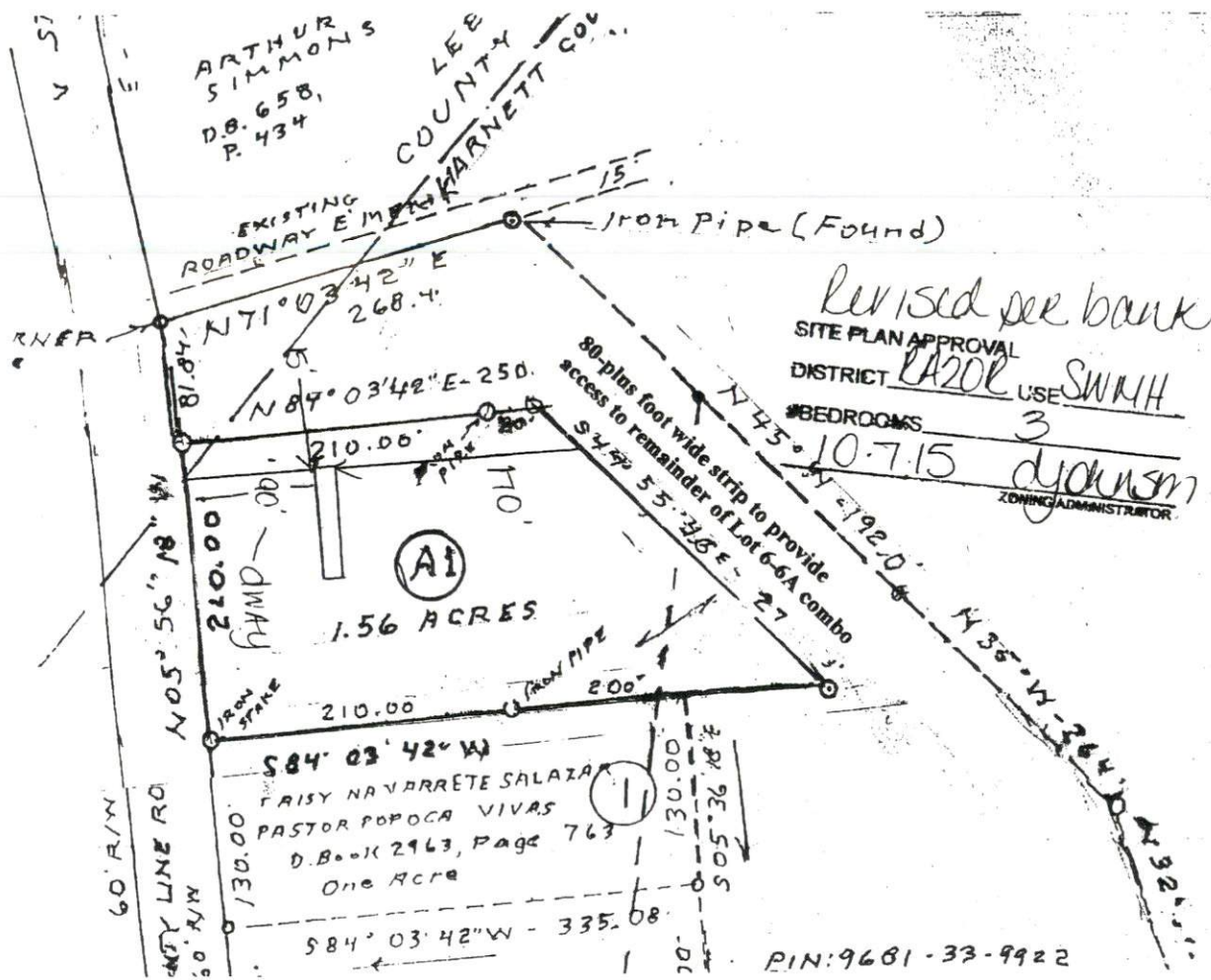
	Minimum	Actual
Front	<u>35</u>	<u>90</u>
Side	<u>25</u>	<u>105</u>
Rear	<u>10</u>	<u>15</u>
Closest Side	<u>20</u>	<u>—</u>
Closest Building same lot	<u>10</u>	<u>—</u>

Comments:
proposed.
SWALL
* Customer adding 1/2 acre
of land. *
Sub A Home, not
changing any. Had to add
land because bank told

If the permit does not change let Donna know - she will call customer - advise all ready to move forward

Permit unchanged not necessary to re-scan w/ "R" close to folder

Rec'd & processed 10-7-15 S



ARTHUR
SIMMONS
D.B. 658,
P. 434

LEE
COUNTY
HARNETT CO.

EXISTING
ROADWAY E.M.P.

Iron Pipe (Found)

Revised per bank
SITE PLAN APPROVAL
DISTRICT RA20R USE SMWH
#BEDROOMS 3
10-7-15
dyounsm
ZONING ADMINISTRATOR

1.56 ACRES

FAISY NAVARRETE SALAZAR
PASTOR POPOCA VIVAS
D.B. 2963, Page 763
One Acre

PIN: 9681-33-9922



HTE# 15-5-36719

Harnett County Department of Public Health

28426

Improvement Permit

A building permit cannot be issued with only an Improvement Permit

PROPERTY LOCATION: Lee County Line Rd.

ISSUED TO: Beulah Bethea

SUBDIVISION _____

LOT # A1

NEW REPAIR EXPANSION

Site Improvements required prior to Construction Authorization Issuance: _____

Type of Structure: MH 14x80

Proposed Wastewater System Type: 25% Reduction System

Projected Daily Flow: 360 GPD

Number of bedrooms: 3 Number of Occupants: 6 max

Basement Yes No

Pump Required: Yes No May be required based on final location and elevations of facilities

Type of Water Supply: Community Public Well Distance from well _____ feet

Permit valid for: Five years

Permit conditions: _____

No expiration

Authorized State Agent: Bryna McSwain, RCH

Date: 8/10/2015

SEE ATTACHED SITE SKETCH

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit.

Construction Authorization

(Required for Building Permit)

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

ISSUED TO: Beulah Bethea

PROPERTY LOCATION: Lee County Line Rd

SUBDIVISION _____

LOT # A1

Facility Type: MH New Expansion Repair

Basement? Yes No Basement Fixtures? Yes No

Type of Wastewater System** 25% Reduction System (Initial) Wastewater Flow: 360 GPD

(See note below, if applicable)

25% Reduction System (Repair)

Installation Requirements/Conditions

Septic Tank Size 1000 gallons

Pump Tank Size _____ gallons

Number of trenches 3

Exact length of each trench 80 feet

Trenches shall be installed on contour at a

Maximum Trench Depth of: 18-20 inches

(Trench bottoms shall be level to $\pm 1/4$ "

in all directions)

Trench Spacing: 9 Feet on Center

Soil Cover: 6 inches

(Maximum soil cover shall not exceed

36" above the trench bottom)

Pump Requirements: _____ ft. TDH vs. _____ GPM

Aggregate Depth: _____ inches below pipe

Aggregate Depth: _____ inches above pipe

Conditions: _____

WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA.

NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA.

****If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.**

Owner/Legal Representative Signature: _____

Date: _____

This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

SEE ATTACHED SITE SKETCH

Authorized State Agent: Bryna McSwain, RCH

Date: 8/19/2015

Construction Authorization Expiration Date: 8/10/2020

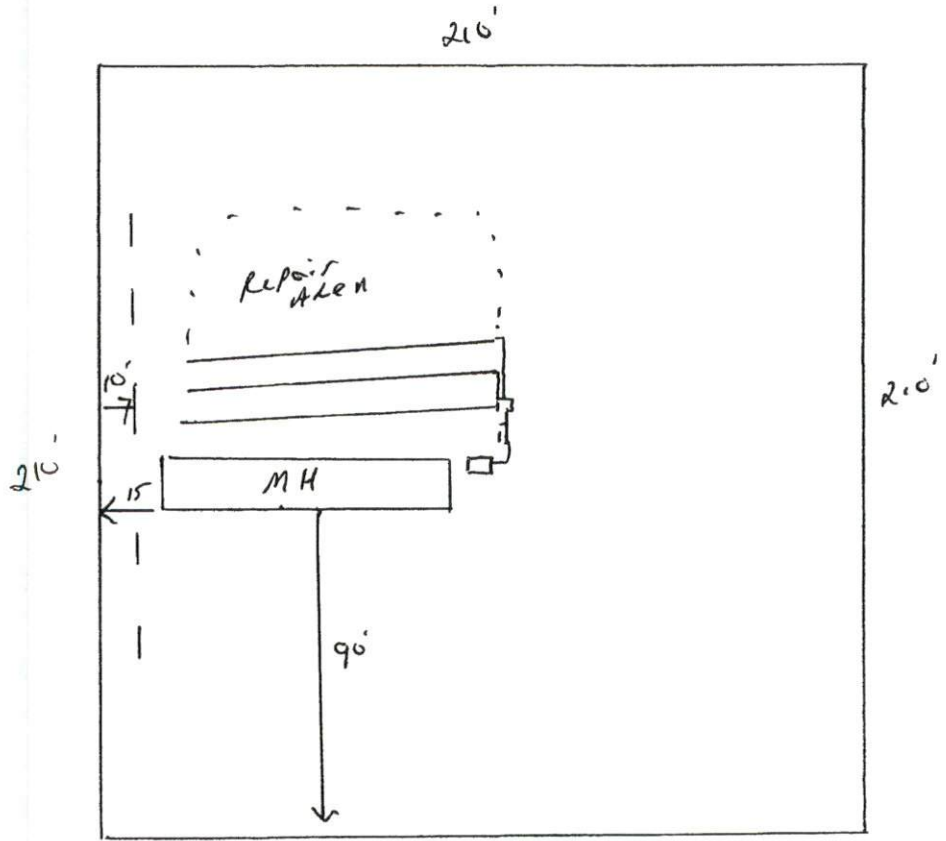
HTE# 15-5-36719

Permit # 28426

Harnett County Department of Public Health Site Sketch

ISSUED TO: Beulah Bethea PROPERTY LOCATOR: Lee County Line Rd
SUBDIVISION _____ LOT # A-1

Authorized State Agent: Bryan McSwain, P.E.H.S. Date: 8/10/2015



Lee County Line Rd