Initial Application Date: 9-14-14 Application # 1050039728	
CU#CU# COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 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	
City: Lillington state: NC zip: 2754 (contact No: 919-78095) Email: Lesa varus 2762 yando con	
APPLICANT: Leah = Cony Scott Mailing Address: 93 Arden Ct City: Lillington StateNC zip: 2754 (Contact No: 984-269 Emails kne S Leah (010 & gwail *Please fill out applicar/Minformation if different than landowner 18736	
*Please fill out applicar Mnformation if different than landowner CONTACT NAME APPLYING IN OFFICE: Lean Jones - Scott - Phone # 984-249-3736	
PROPERTY LOCATION: Subdivision:	
Zoning: KA JOM Flood Zone: Watershed: Deed Book & Page: 810 /144 Power Company*:	
*New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.	
PROPOSED USE: SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath) Garage: Deck: Crawl Space: Slab: Slab	
☐ Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off	
☐ Manufactured Home:SW X DWTW (Size 28 x 60) # Bedrooms: 2 Garage: 0 (site built?) Deck: 0 (site built?)	
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:	
Addition/Accessory/Other: (Sizex) 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) 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: Other (specify):	
Required Residential Property Line Setbacks: Front MinImum 35 Actual 70 Rear 25 Actual 25+	

Page 1 of 2
APPLICATION CONTINUES ON BACK

Closest Side

Sidestreet/corner lot_

Residential Land Use Application

Nearest Building on same lot

9/15/16 S

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. Signature of Owner or Owner's Agent

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued

Harnett County GIS



Used to be a Single wide on this Lot, it has been removed. They want to now put a double wide.

SITE PLAN APPROVAL

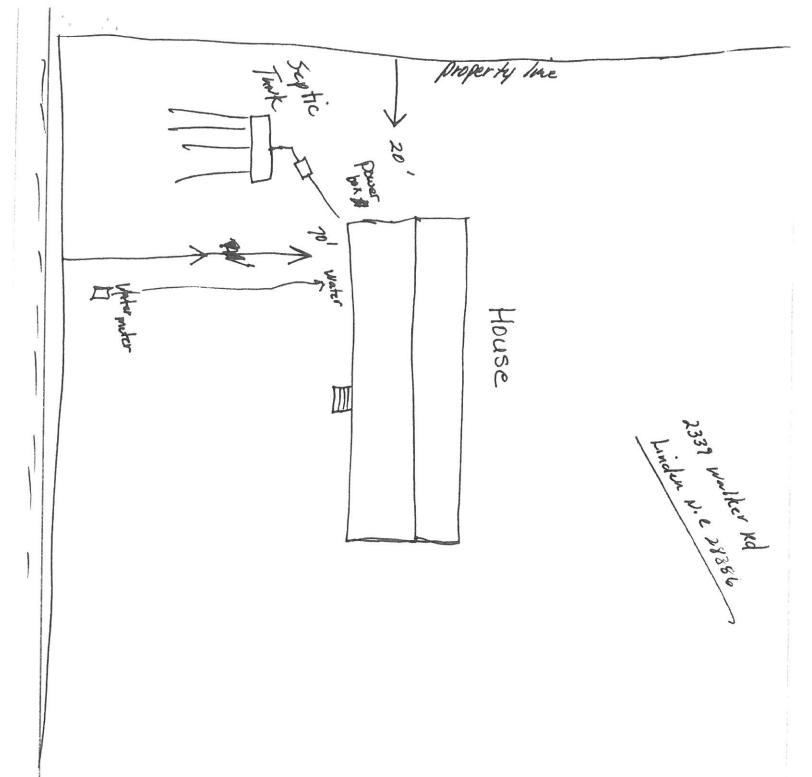
DISTRICT RA-20M USE SFD

#BEDROOMS 3

Q-14-16

Zoning Administrate

Zonin



September 13, 2016

To Whom It May Concern:

We give our daughter Leah D. Jones-Scott and her husband Cory Scott permission to reside on our property at 2339 Walker Road Linden, NC.

The amount of lot fee shall be as follows: \$0.00 per month free of charge.

Thank you,

Lesa A. Jones

Darry Jones

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x run lones-30

NAME:	APPLICATION #: 39728	
	This application to be filled out when applying for a septic system inspection.	
County Health	I DEDATINEDI ADDUCATION for Imagenesis to 10 10 10 10 10 10 10 10 10 10 10 10 10	
DEDIME OF LIBERT	THE THE ELECTION IS PALSIFIED, CHANGED, OR THE SITE IS ALTERED. THEN THE IMPROVEMENT	
depending upon docume	IZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration submitted. (Complete site plan = 60 months; Complete plat = without expiration)	
910-893-75	IZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration submitted. (Complete site plan = 60 months; Complete plat = without expiration) 25 option 1 CONFIRMATION # Health New Septic System Code. 800	
lines must b	y irons must be made visible. Place "pink property flags" on each corner iron of lot. All property flagged approximately every 50 feet between corners.	
• Place orang	ge nouse corner flags" at each corner of the proposed structure. Also discuss	
i lace orang	C LIVIUDINELIED DESIM CSM in location that is easily viewed from and it.	
evaluation to	be performed. Inspectors should be able to walk frequency daily and allow the soil	
	C GUUICSSEU WIIIIII III DIIRIDRE MOVE OHAN AGMINIMANIA - AGM AG	
	electing notification permit if multiple permits exist) for Environmental Health inspection. Please note number given at end of recording for proof of request.	
• Use Click2G	ov or IVR to verify results. Once approved proceed to Central Pormitting for parmits	
- iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Incarri Existing Park Inspections Code 800	
• Prepare for I	e instructions for placing flags and code of the instructions for placing flags and on property. Inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if then put lid back in place (Upless inspection in for	
if multiple pe	ring outlet end call the voice permitting system at 910-893-7525 option 1 & select notification permit rmits, then use code 800 for Environmental Health inspection. Please note confirmation number	
Use Click2Go SEPTIC	ov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.	
If applying for authoriza	tion to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.	
{}} Accepted	{} Innovative {} Conventional {} Any	
{} Alternative	() Other	
The applicant shall notif	fy the local health department upon cubmitted of this and	
question. If the answer	is "yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:	
{_}}YES {} NO	Does the site contain any Jurisdictional Wetlands?	
{}}YES	Do you plan to have an irrigation system now or in the future?	
{_}}YES {_}} NO	Does or will the building contain any drains? Please explain	
()YES () NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?	
	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?	
{_}}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.	
I Have Read This Applica	tion 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 Love And Police		
Toliderstand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making		
The Site Accessible So Tha	at A Complete Site Evaluation Can Be Performed.	
PROPERTY OWNERS	OR OWNERS LEGAL DEPOSITION	
UNITERS	OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE	