Initial Application Date:_	4	4	/17	
50 MINUS SERVED IN 18 SERVED SERVED IN 18 DESCRIPTION OF THE				

Application #	17-50041097
	CI#

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

Central Permitting

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER	TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN S	SUBMITTING A LAND USE APPLICATION
LANDOWNER: Harald G Eubanks S	R Mailing Address: 179 S	summer Lane
City: L' Na Yon State: 1 Zip: 2		
APPLICANT : Harold G Futants SR Mailin	ng Address: 179 Summer LC	ane
City: State: Zip: *Please fill out applicant information if different than landowner	Contact No: Ema	ail:
CONTACT NAME APPLYING IN OFFICE:	Phone #_	
PROPERTY LOCATION: Subdivision:		Lot #: Lot Size: 1.00
State Road # State Road Name:		Map Book & Page: GIS/
Parcel: 100558 0007	PIN: 0558-62-948	030.37
Zoning: PA-2012 Flood Zone: X Watershed: GIS D	Deed Book & Page: 3472 / 602 Power	Company*:
*New structures with Progress Energy as service provider need to		
PROPOSED USE:		
□ SFD: (Sizex) # Bedrooms: # Baths: Base	ement(w/wo bath): Garage: Deck:	Crawl Space: Slab: Slab:
	res () no w/ a closet? () yes () no (if ye	
☐ Mod: (Sizex) # Bedrooms # Baths Base		
	/es () no Any other site built additions? (-//
Manufactured Home: SWDWTW (Size 14)	x_70_) # Bedrooms: 3_ Garage:(site bu	uilt?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:		
☐ Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
□ Addition/Accessory/Other: (Sizex) Use:		Closets in addition? () yes () no
Water Supply: County Existing Well New V		
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 manufac	ctured home within five hundred feet (500') of trace	ct listed above? () yes (∠_) no
Does the property contain any easements whether underground or	r overhead () yes (X) no	
Structures (existing or proposed): Single family dwellings:	Manufactured Homes:	Other (specify):
Required Residential Property Line Setbacks: Com	nments:	
Front Minimum 35 Actual		E
Rear 25	Carolla a Rollan D. C.	
Closest Side 10		
Sidestreet/corner lot		
Nearest Building on same lot		

Residential Land Use Application

SPECIFIC DIRECTIONS T	O THE PROPERTY FROM LILLINGTON:			
- Laborat Service		La la compania de la		
Transfer To				
	- West Control of the	10 - 1	- A	
		2		
		e e		E sapra-
f	ee to conform to all ordinances and laws of the State	of North Carolina regulating su	ch work and the specification	as of plans submitted
hereby state that foregoin	g statements are accurate and correct to the best of r	ny knowledge. Permit subject	to revocation if false informat	ion is provided.
	Signature of Owner or Owner's Agent	Da	ate	

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

NAME.	Euban	Ve		A DDI ICA TION #.	17-50041097
NAME:	WWW				
IF THE IN PERMIT Of depending Serving	IFORMATION IN TOR AUTHORIZATION IN THE PROPERTY IN THE PROPERT	Department Application THIS APPLICATION TO CONSTRUCT ation submitted. (Complete option 1 dealth New Septic Sylinons must be made clearly flagged approximation submitted approximation for property of the performed. Inspection of the performed of the performance of the perfor	IS FALSIFIED, CHANGED, OF SHALL BECOME INVALID. The site plan = 60 months; Complete site plan	t Permit and/or Autil R THE SITE IS ALTERED, The permit is valid for either ete plat = without expiration) CONFIRMATION # perty flags" on each conveen corners. Osed structure. Also flat developed at/for Central sily viewed from road to that you clean out the unit of the plate in the plate	thorization to Construct THEN THE IMPROVEMENT or 60 months or without expiration 1021487 4/4 BP The property of the property
if 9 • (<u>SEPTIC</u>	multiple per liven at end o Jse Click2Gov	mits, then use code f recording for proof o v or IVR to hear result	800 for Environmental Hof request. ts. Once approved, procee	ealth inspection. Pleased to Central Permitting	•••••
			dicate desired system type(s):		reference, must choose one.
{} Acc	•	Art and the second seco	{}} Conventional	{}} Any	
{}} Alt					llowing apply to the property in
			T ATTACH SUPPORTING		llowing apply to the property in
_}YES	{₹} NO	Does the site contain	any Jurisdictional Wetlands?		
_}YES	{ <u>X</u> } NO	Do you plan to have a	an irrigation system now or ir	the future?	
_}YES	{X} NO	Does or will the build	ling contain any drains? Pleas	se explain	
YYES	{}} NO	Are there any existing	g wells, springs, waterlines or	Wastewater Systems on t	this property?
_}YES	{∠} NO		ing to be generated on the site		
}YES	(<u>∠</u>) NO		approval by any other Public		
}YES	{ <u>∠</u> } NO		ents or Right of Ways on this	5. (2)	
}YES	$\{X\}$ NO		any existing water, cable, pho		ic lines?
	171110		Cuts at 800-632-4949 to loca		
H D	A Tible Assalts				
					Correct. Authorized County And
					With Applicable Laws And Rules. Thes And Corners And Making
			nation Can Be Performed.	moving of an Property Di	nes and Corners and Maning
Daw	W Dole	Elak /			44-2017
PROPER	TY OWNERS	OR OWNERS LEGA	AL REPRESENTATIVE SI	GNATURE (REQUIRE	D) DATE

NOT FOR LEGAL USE