

## COUNTY OF HARNETT

FEE 80 -Receipt 97 - 3937

Date: 9-11-57

## APPLICATION FOR ENVIRONMENTAL HEALTH IMPROVEMENT PERMIT

	PROPERTY DESCRIPTION	LAND USE PERMIT	
LANDOWNER INFO	RMATION:	APPLICANT INFORM	MATION:
NAME SON K ADDRESS POR	o, Lela NC	NAME SPORKS, ADDRESS	William J.
⊃HONE	WH	PHONEW	н
PROPERTY LOCAT			
SR #1821 RD. 1	NAME Skeet Rover FOWNS	SHIP 07 FIRE	RESCUE
TAX MAP NO. 160	00 97 PARCEL NO.7712 F	FLOOD PLAIN_P	ANEL //O
ELBDIVISION _	mes L Pollard	OT # LOT/TRAC	CT SIZE <u>2.4</u> 7
ZONING DISTRICT	- RA-30	EED BOOK 1214PA	AGE 205
WATSHED DIST	WATER DIST	PLAT BOOK Z	2_PAGE_5681)
Sive Directions  Lo THROUG  ROAD ON	COATS ABOUT 20 RIGHT # ##	Lillington: TAK mike on 27	E 421 OUT TO 2

(_)	Sg Family Dwelling(Sizex) # o	f Bedrooms Basement
	Garage Deck(s.	ize x )
( <u>    )</u>	Multi-Family Dwelling No. Units Manufactured Home(Size 20x 70) # of	No. Bedrooms/unit
M	Manufactured Home(Size LOx 10) # of	Bedrooms     Garage
	Deck(Sizex)	
( )	Number of persons per Household	
(_)	Business Soft Retail Space	Туре
(_)		•
(_)	Home Occupation No. Rooms/size	Use
(_)	Accessory Bldg. Size	Use
	Addition to Existing Bldg. Size	
(_)	Sign Size Type	Location
(_)	Other	

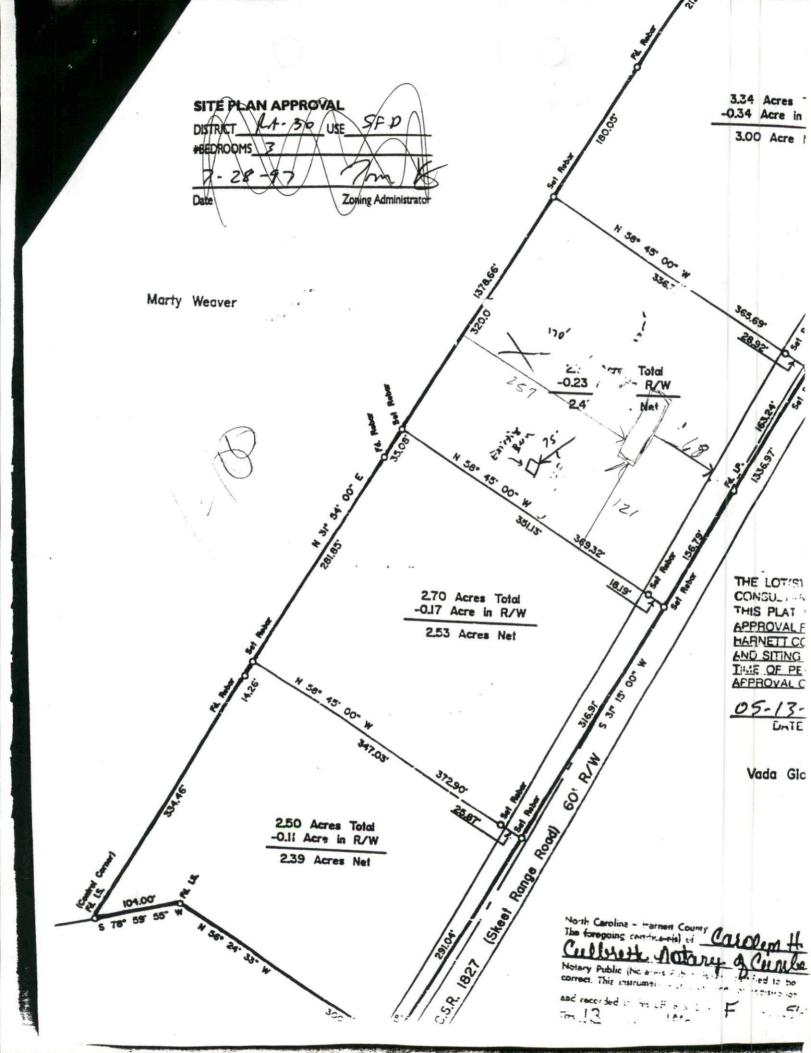
PROPOSED USE

\*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.

REPORT OF

SETBACK REQUIREMENTS Front property line Side property line Corner side line Rear Property Line Nearest building Stream Percent Coverage  Actual Minimum/Maximum Required
Are there any other structures on this tract of land?  No. of single family dwellings No. of manufactured homes  Other (specify & number) 15 75 70 0  Does the property owner of this tract of land own any land that contains a manufactured home within five hundred feet of the tract
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.
Select
FOR OFFICE USE ONLY  Copy of recorded final plat of subdivision on file?
Is the lot/tract specified above in compliance with the Harnett County Subdivision Ordinance? Watershed Ordinance? Mobile Home Park Ord?
ISSUED DENIED
Comments:
Zoning/Watershed Administrator  Date  C:\WPI\FORMS\PDLUPERM



## Count, of Harnett

## DEPARTMENT OF PLANNING/DEVELOPMENT CONDITIONAL USE PERMIT

Date <u>9-11-87</u>
Owner: Cld Works
Address: POB 43 Coabs, NC
Zoning District: 24-30
Use Classification: Dwww.
Permit Number: Nº 1029
Special Conditions: Med nuist have a pitched roof
must be brick underpinned within 60 days of
receipt of C.O., towing device must be removed, underprined,
Provided the person accepting this permit shall in every respect conform to the terms of the
application on file in the Zoning Administrator's office and to the provisions of the Statutes and
Ordinance regulating development in Harnett County. Any VIOLATION of the terms above stated

w J.S.

NOTICE: This structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued by the Building Official.

PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUANCE.

immediately REVOKES this PERMIT.