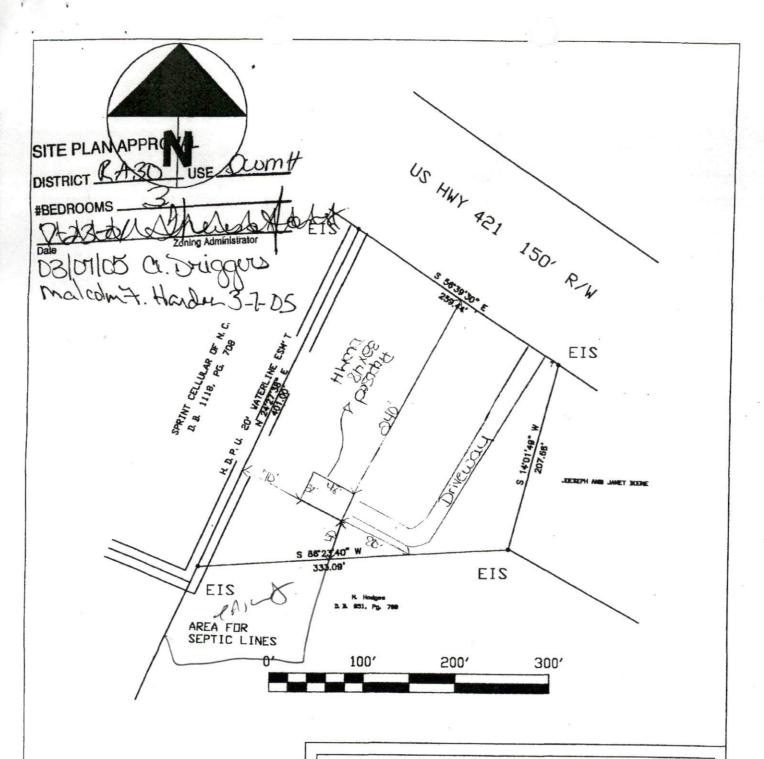
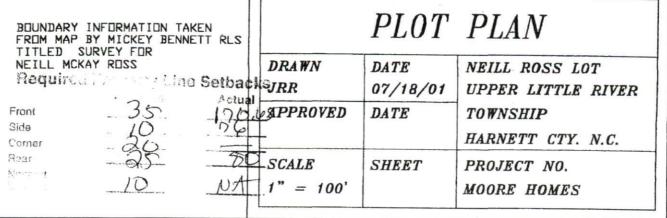
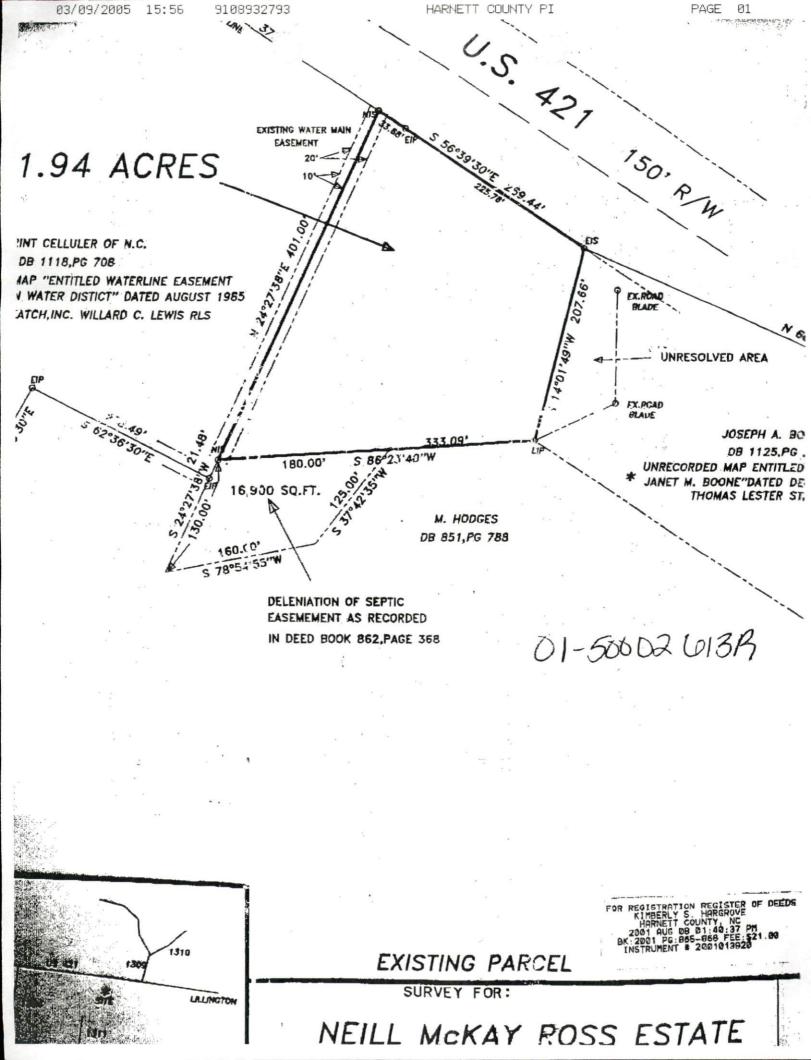
	1-1-1-
Initial Application Date: 1-18-20 A 30	(1/1 H Chapper 01-5-2613R
70.00	Revised 03/07/000
COUNTY OF HARNET	T LAND USE APPLICATION 864338
Central Permitting 102 E. Front Street, Lillington, NC	
Floyd Hardee Neill Ross 13 tate	7143 County home Rd
LANDOWNER: Sames (4)49	Mailing Address: 10 15 0 X 196
	Zip: 27546 Phone #: 993-318
- Malcolm Horales	08513 050-71410-3080
APPLICANT: Jew Red 160	Mailing Address: Sand 975 TUCTER
City: Cillingto State: NC	_ Zip: 2 Phone #: 200 979 39-116
	()
PROPERTY LOCATION: SR #: (C) 42 SR Name:	UJ 421
Parcel: 13 2 4041-0045	N: 0640-331120.000 194
Zoning: KASC Subdivision:	Lot #ig Lot Size: 2.44
Flood Plain: Panel: Watershed: 7V	Deed Book/Page: Deed Book/Page: Plat Book/Page: Deed Book/Page:
0080	15301404
	m light & counthouse
go 421 toward Sanford	2 miles Lot on lett
peside collular tower.	Straight across from aardenview
remetary 3 F3PStorage.	J. Jaca Ma
PROPOSED USE:	
☐ Sg. Family Dwelling (Size x) # of Bedrooms # Baths	Basement (w/wo bath) Garage Deck
Multi-Family Dwelling No. Units No. Bedrooms/Unit	
Manufactured Home (Size # of Bedrooms Garage	Deck 2 Boths
Comments: 36Y4X	Q. 1420. 18
Number of persons per household	
☐ Business Sq. Ft. Retail Space	Туре
☐ Industry Sq. Ft	Туре
Home Occupation (Sizex) # Rooms	Use
Accessory Building (Sizex) Use	
Addition to Existing Building (Sizex) Use	
Other	
Water Supply: () (No. dwellings)	(_) Other
Sewage Supply: (V) New Septic Tank () Existing Septic Tank () Cour	nty Sewer () Other
Erosion & Sedimentation Control Plan Required? YES	1
Structures on this tract of land: Single family dwellings Manufactured hor	(V () () () () ()
Property owner of this tract of land own land that contains a manufactured home w/in fiv	flunded rece (300°) of tract listed above? YES (NO)
Required Property Line Setbacks: Minimum , Actual	Minimum Actual
Front 00 170,65	Rear 25 40 . 1
Side 10' 7(2-MO'	
10	Corner
Nearest Building	Rear 25' SO 40' ON HOW
f nermits are granted [agree to conform to all ordinances and the laws of the grant of	
f permits are granted I agree to conform to all ordinances and the laws of the State of N ereby swear that the foregoing statements are accurate and correct to the best of my knowle	North Carolina regulating such work and the specifications or plans submitted. I
Color of the pest of my knowle	eage.
yaxcom troyax toardea	3-7-2DD5
Janlo W/ Vax	7-16-744
investors of Applicant	1000
ignature of Applicant	Date

**This application expires 6 months from the date issued if no permits have been issued **







HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

№ 15246

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." New Installation Septic Tank Name: (owner) 16mcs ☐ Repairs Property Location: SR#_ Nitrification Line Subdivision ____ Lot # Tax ID #_ Ouadrant # (28xt Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. thoughts Conventions Type of system: Conventional Pump Tank: 1000 gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length Drainage Field ditches_ of each ditch 270 ft. ditches_ ft. ditches_ French Drain Required: Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist NOL Sas 3

HARNETT COUNTY HEALTH DEFARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit #, This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.	
Owner or Authorized Agent Same fast	
Name: Telephone # 893-3/08	
Address:	
Property Location: SR # 42 Road Name	
New Installation Repair Septic Tank Nitrification Lines	
SubdivisionLot #	
Number of Bedrooms Proposed: 4 (28xxxx) Lot size: 1.94 At plw 16,500 54 ft	
Basement With Plumbing Without Plumbing Fasem	
Water Supply: Well Public Minimum Well Setback: ft.	
Type of System: Conventional Other	
Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons	
Nitrification Field Specifications	
Number of fields Number of Lines per Field Length of lines	
Width of ditches ft. Depth of ditches inches	
French Drain: Linear feet required Depth of gravel	
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.	
Authorized Agent for Harnett County Health Department Name:	
(Revised 2/96) ONSTRCT. WPD	