

Initial Application Date: 9-25-06 11/28/06 12/6/06 Application # 0650015806RR
1319889

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org

LANDOWNER: DON JEWELL Mailing Address: 4741 SULLIVAN BLVD.
 City: VIRGINIA BEACH State: VA Zip: 23455 Home #: 757-499-4408 Contact #: 910 892-4405

APPLICANT: (SAME) The Housing Center Address: 501 E JACKSON BLVD
 City: FAWEN State: NC Zip: 28339 Home #: 910 892 1722 Contact #: GORDON SMITH

*Please fill out applicant information if different than landowner

PROPERTY LOCATION: State Road #: 1553 State Road Name: LIVE OAK ROAD (MJR LANE - PRIVATE)
 Parcel: Recomb 071601005309, 071601005310 PIN recomb 1601-58-1831.000, 1601-58-2748.000
 Zoning: RA30 Subdivision: Jimmy Johnson Lot #: 344 Lot Size: 1.12
 Flood Plain: X Panel: 50 Watershed: N/A Deed Book/Page: 2284/467 Plat Book/Page: 2003/411

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 TO COATS. NORTH (LEFT) ON
ORANGE ST (ACATTOIC RD) (SR 1552). RIGHT ON LIVE OAK RD (SR 1553). LEFT ON
MJR LANE - LOT ON RIGHT

PROPOSED USE: 76x26 5BR 4BR Circle:
 SFD (Size x) # Bedrooms 5 # Baths 4 Basement (w/wo bath) 5BR 4BR Garage 5BR 4BR Deck 5BR 4BR Crawl Space / Slab
 Modular: On frame Off frame (Size x) # Bedrooms 5 # Baths 4 Garage 5BR 4BR (site built?) 5BR 4BR Deck 5BR 4BR (site built?) 5BR 4BR
 Multi-Family Dwelling No. Units 5BR 4BR No. Bedrooms/Unit 5BR 4BR
 Manufactured Home: SW X DW TW (Size 60x30) # Bedrooms 5 Garage 5BR 4BR (site built?) N/A Deck 5BR 4BR (site built?) N/A
 Business Sq. Ft. Retail Space 5BR 4BR Type 5BR 4BR # Employees: 5BR 4BR Hours of Operation: 5BR 4BR
 Industry Sq. Ft. 5BR 4BR Type 5BR 4BR # Employees: 5BR 4BR Hours of Operation: 5BR 4BR
 Church Seating Capacity 5BR 4BR # Bathrooms 5BR 4BR Kitchen 5BR 4BR
 Home Occupation (Size x) # Rooms 5BR 4BR Use 5BR 4BR Hours of Operation: 5BR 4BR
 Accessory/Other (Size x) Use 5BR 4BR
 Addition to Existing Building (Size x) Use 5BR 4BR Closets in addition () yes () no

Water Supply: (X) County () Well (No. dwellings 5BR 4BR) () Other
 Sewage Supply: (X) New Septic Tank (Need to fill out New Tank Checklist) () Existing Septic Tank () County Sewer () Other
 Property owner of this tract of land own land that contains a manufactured home w/in five hundred feet (500') of tract listed above? () YES (X) NO
 Structures on this tract of land: Single family dwellings 5BR 4BR Manufactured Homes 5BR 4BR Other (specify) 5BR 4BR

Required Residential Property Line Setbacks: Comments:

Front	Minimum	35	Actual	<u>59 8/85</u>	<u>11/28 make house bigger, increase bedrooms</u>
Rear	25		<u>107 12/94</u>		
Side	10		<u>67 6/75</u>	<u>12/6 decrease BR per EH, no chg.</u>	
Corner/Sidestreet	20		<u>100 7</u>		
Nearest Building on same lot	10		<u>-0-</u>		

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that the foregoing statements are accurate and correct to the best of my knowledge. This permit is subject to revocation if false information is provided on this form.

Signature of Owner or Owner's Agent: Don Jewell Date: 9/25/06

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

12/7 N 8/06

OWNER NAME: DON JEWEL

APPLICATION #: 0650015806

This application to be filled out only when applying for a new septic system.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (complete site plan = 60 months; complete plat = without expiration)

DEVELOPMENT INFORMATION

- New single family residence
- Expansion of existing system
- Repair to malfunctioning sewage disposal system
- Non-residential type of structure

WATER SUPPLY

- New well
- Existing well
- Community well
- Public water
- Spring

Are there any existing wells, springs, or existing waterlines on this property? yes no unknown

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted Innovative
- Alternative Other
- Conventional Any

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant must attach supporting documentation.

- YES NO Does The Site Contain Any Jurisdictional Wetlands?
- YES NO Does The Site Contain Any Existing Wastewater Systems?
- YES NO 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?

I Have Read This Application 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 Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

John E. Jewel
PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)

9/25/06
DATE