Initial Application Date: 23 Oct 06 ENV. Recd 10/34/06 Application # DO-50010013
Initial Application Date: 23 OCT 06 Application # 100-50010013
Application * 12 O TO TO 2
COUNTY OF HARNETT LAND USE APPLICATION  Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.hamett.org
LANDOWNER: Joy Hare - Grindle Mailing Address: 58/2 AcDougald Rd
City: Lillington State: NC Zip: 27546 Home #: 893-2457 Contact #: 893-2457
APPLICANT: Bobby Grindle Mailing Address: 5812 McDongald Rd
City: Lillington State NC zip 27546 Home #: 893-2457 Contact #: 893-2457
*Please fill out application in different than landowner
PROPERTY LOCATION: State Road #: 1229 State Road Name: Me Dougald Ro
Parcel: 13 0019 0073 PIN: 0019 -85-0561, 000
Zoning: RA30 Subdivision: John Howington Lot #: Lot Size: 10.53
Flood Plain: A Panel: D80 Watershed: NA Deed Book/Page: D80 Plat Book/Page: D150 Plat Book/Page: D80 Plat
SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Old 421 N to McDougald Rd - Take
wight as the Dang to P. D. C.
right on McDougald Rd and go approximately 7 miles. Property is on
Right of Roed
PROPOSED USE:
SFD (Size) # Bedrooms # Baths _ Basement (w/wo bath) Garage Deck Crawl Space / Slab
☐ Modular:On frameOff frame (Sizex) # Bedrooms # Baths Garage (site built?) Deck (site built?)
Multi-Family Dwelling No. UnitsNo. Bedrooms/Unit
Manufactured Home:SWDWTW (Size 36) x 10) # Bedrooms 3 _ Garage ASite built?) Deck ASite built?)
□ Business Sq. Ft. Retail SpaceType# Employees:Hours of Operation:
□ Industry Sq. Ft
Church Seating Capacity # Bathrooms Kitchen
Home Occupation (Size x ) #Rooms UseHours of Operation:
☐ Accessory/Other (Size x ) Use
Water Supply / X County / A Maril On A 19
Sewage Supply: ( New Septic Tank (Need to fill out New Tank Checklish)
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 (NO.
Structures on this tract of land: Single family dwellings Manufactured Homes Other (specify) 10 Some of
Required Residential Property Line Setbacks: Comments:
Comments.
Front Minimum 35 Actual 80
On'
Front Minimum 35 Actual 80
Front Minimum 35 Actual 80 Rear 25 LIMO
Front Minimum 35 Actual 80
Rear
Rear 25 LIMD  Side 10 NA  Corner/Sidestreet 20 NA  Nearest Building 10 D'  on same lot  f 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
Rear 25 1,110 Side 10 NA  Nearest Building 10 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
Rear 25 LIMD  Side 10 NA  Corner/Sidestreet 20 NA  Nearest Building 10 D'  on same lot  f 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
Rear 25 1,110 Side 10 NA  Nearest Building 10 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

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

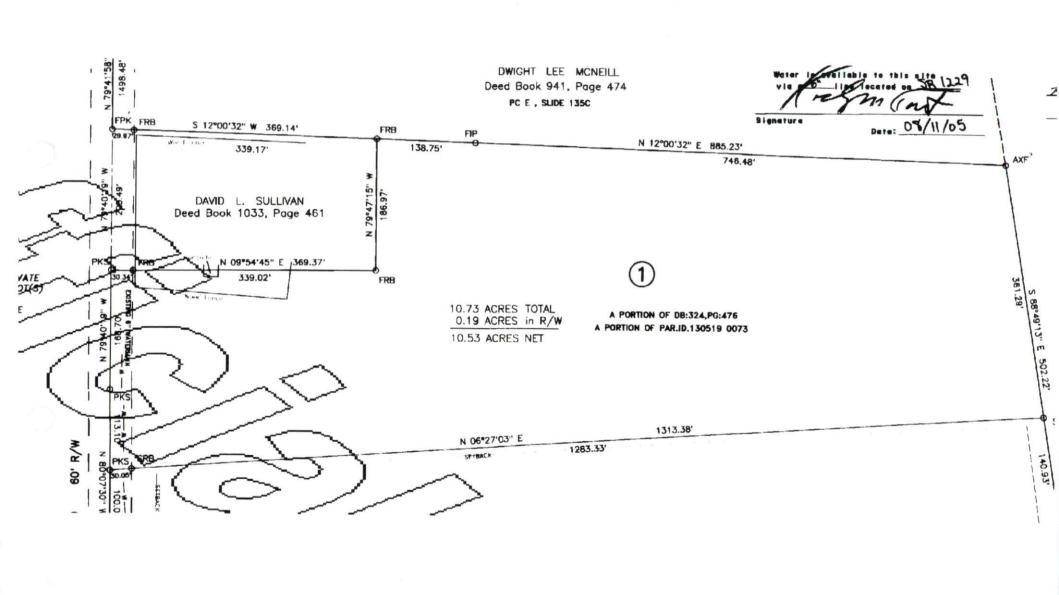
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

10/23 8/08

Deed Book I'v. Typ ...

SITE PLAN:



OWNER NAME: Joy Have - Grindle

\*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

DEVELOPMENT INFORMATION   Service   New single family residence   Expansion of existing system   Repair to malfunctioning sewage disposal system   Non-residential type of structure   Non-residential type of structure   Non-residential type of structure   WATER SUPPLY   New well   Existing well   Developing for substance   Developing for subs	expira	tion)	(complete site plant of moin	ms, complete plat – witho
Expansion of existing system	DEVE	LOPMENT IN	FORMATION	
Repair to malfunctioning sewage disposal system  Non-residential type of structure  WATER SUPPLY  New well  Community well  Public water  Spring  Are there any existing wells, springs, or existing waterlines on this property?  Yes  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  Alternative  Any  The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property i question. If the answer is "yes", applicant must attach supporting documentation.  YES  NO  Does The Site Contain Any Jurisdictional Wetlands?  YES  NO  Sany Wastewater Going To Be Generated On The Site Other Than Domestic Sewage?  NO  Soe 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.	9 N	ew single family	residence	
WATER SUPPLY  New well  Existing well   Community   Commun	□ Ex	cpansion of existi	ng system	
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   Innovative   Alternative   Other     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 is 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 Jurisdictional Wetlands?     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 Compiliance 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.	□ Re	pair to malfuncti	oning sewage disposal system	
New well	O No	on-residential typ	e of structure	
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 is 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.	WATE	ER SUPPLY		
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