

Initial Application Date: 4/7/11 9/18/11

SCANNED 5/18/11
DATE

Application # 11-500-26417R

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER: James & Jerryline Alston Mailing Address: 146 Hobson Rd

City: Dunn State: NC Zip: 28334 Contact No: 910-257-2153 Email: _____

APPLICANT*: SAME Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: Roy H Dunn Lot #: 2 Lot Size: 1.03

State Road # 1712 State Road Name: Hobson Rd Map Book & Page: 2000, 178

Parcel: 02 1518 0140 08 PIN: 1518-97-0694.000

Zoning: RA30 Flood Zone: X Watershed: WA Deed Book & Page: 2710, 4166 Power Company*: PROGRESS

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement (w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: _____ SW DW _____ TW (Size 64x28) # Bedrooms: 3 Garage: _____ (site built?) Deck: _____ (site built?)

Duplex: (Size _____ x _____) No. Buildings: _____ No. Bedrooms Per Unit: _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Closets in addition? () yes () no

Water Supply: County _____ Existing Well New Well (# of dwellings using well _____) *Must have operable water before final

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 manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: _____ Manufactured Homes: 1 proposed Other (specify): 1 EXT 8x10 SHED ON SKIDS

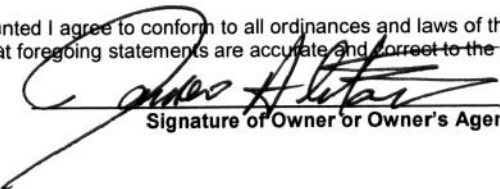
Required Residential Property Line Setbacks:

Front	Minimum	<u>35</u>	Actual	<u>135'</u>
Rear		<u>25</u>		<u>160'</u>
Closest Side		<u>10</u>		<u>25'</u>
Sidestreet/corner lot		<u>10</u>		<u>N/A</u>
Nearest Building on same lot		<u>10</u>		<u>6</u>

Comments: 5/18/11 P.V. DETERMINED THEY COULD NOT DO HIS WATER. ADDING WELL TO APP. #250 5/18/11 (RD)

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take 421 S to 275. go 3 mi.
of Benson turn right on Fairground Rd, turn left on Hobson Rd,
Lot #2 on right.

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



Signature of Owner or Owner's Agent

4-7-2011
Date

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

1.006 AC.

299.38'

①

N 82° 12' 13" W

28 X 64 DWMH

25' 40'

298.51'

135' TO C/L OF ROAD

PROP. WELL

C/L OF ROAD

DRIVEWAY

295.09'

SITE PLAN APPROVAL
DISTRICT PA30 USE DWMH
#BEDROOMS 3
4/7/11
ZONING ADMINISTRATOR

James A. Alton

35.43

35.43

TOBSON

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

James & Jarvline Alston (910) 257-2153
 Applicant/Owner Phone Number
P.O. Box 2111 Lillington N.C. 27546
 Street Address, City, State, Zip Code

- The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:
1. existing and/or proposed property lines and easements with dimensions;
 2. the location of the facility and appurtenance;
 3. the location for the proposed well;
 4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
 5. the location of any existing wells within 100 feet of the property; surface water bodies;
 6. above ground and/or underground storage tanks;
 7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well

Single-Family Multifamily Church Restaurant Business Irrigation

Street Address _____ Subdivision/Lot # Box # Dunn # 2
 Parcel # 0215180140 08 PIN # 1518-97-0694.000

Directions to the Site

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is give in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.

James Alston _____ 5-18-2011
 Property Owner's or Owner's Legal Representative Signature Required Date