

Initial Application Date: 1.14.

Application # BUES 1901-0028

Central Permitting 108 E. I		RNETT RESIDENTIAL LAND 27546 Phone: (910) 893-7		893-2793 www.harnett.org/permits
A RECORDED SURVEY MAR	, RECORDED DEED (OR OFFE	ER TO PURCHASE) & SITE PLAN A	RE REQUIRED WHEN SUB	MITTING A LAND USE APPLICATION
LANDOWNER: Jessica Paul	Betts	Mailing Address:	168 Jackson Rd	
_{City:} Fuquay Varina	State: NC_Zip: 2	7526 Contact No: 252-9	45-8913 _{Email:}	jessica.betts1123@yah
ADDI IO ANTS		W 4 14		
APPLICANT*:				
City: *Please fill out applicant information if diff	erent than landowner	Contact No:	cniaii.	
ADDRESS:				<u> </u>
Zoning:Flood:				
Setbacks – Front: <u>40</u>	Back: 35 Side	e: <u>80 </u>	1	
PROPOSED USE:				
SFD: (Size 12 x 32) # Be	drooms: 0_#Baths: 1_B	basement(w/wo bath): Ga	rage: Deck: C	Monolithic rawl Space:Slab:_★_Slab:
	-) yes () no w/ a closet? (_		
☐ Mod: (Size x) # Be	drooms #Baths B	Basement (w/wo bath) Ga	rage: Site Built Dec	k: On Frame Off Frame
		_) yes () no Any other sit	-	
☐ Manufactured Home:SW _	_DWTW (Size	x) # Bedrooms:	_Garage:(site built	?) Deck:(site built?)
☐ Duplex: (Sizex) N	o. Buildings:	No. Bedrooms Per Unit:		
☐ Home Occupation: # Rooms:_	Use:	Hours of O	peration:	#Employees:
Addition/Accessory/Other: (Size	= <u>12 x32</u> Use <u>U A</u>	listing curro	t bung	Closets in addition? (yes (no
Water Supply: _X_ County _	_ Existing Well Ne	w Well (# of dwellings using w	<i>ell</i>) *Must ha	ve operable water before final
Sewage Supply:New Septic]	「ank Expansion	eed to Complete New Well App Relocation_ X_Existing Sept	ic Tank County So	ewer
Complete Environm) Does owner of this tract of land, own	ental Health Checklist on c land that contains a manu	other side of application if Sept afactured home within five hun	ic) Ired feet (500') of tract l	sted above? () yes (_X) no
Does the property contain any easer	ments whether undergroun	d or overhead () yes (_X) no	
Structures (existing or proposed): Si	ngle family dwellings:	X Manufactured H	omes:	Other (specify): barn
If permits are granted I agree to con	form to all ordinances and	laws of the State of North Care	olina regulating such wo	rk and the specifications of plans submitted ocation if false information is provided.
()k	sica (f. 161	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1/7/2019	
***It is the owner/applicants response	nature of Owner or Owner onsibility to provide the c	ounty with any applicable in	Date formation about the s	bject property, including but not limited
	incorrect or missing in	formation that is contained	vithin these applicatio	nployees are not responsible for any, , , ns.***
<u>†Ťf</u>	is application expires 6 r	nonths from the initial date i	f permits have not bee	n issued**

APPLICATION CONTINUES ON BACK