

Initial Application Date: 5-28-20

Application # \_\_\_\_\_

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: Kevin Earl Tyndall Mailing Address: 4104 Lucas Rd

City: Dunn State: NC Zip: 28334 Contact No: 910-237-4237 Email: tyndallbuilders@embargo@mail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Kevin Tyndall Phone # 910-237-4237

PROPERTY LOCATION: Subdivision: 4104 Lucas Rd Dunn NC 28334 Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

State Road # \_\_\_\_\_ State Road Name: \_\_\_\_\_ Map Book & Page: 2012 / 363

Parcel: \_\_\_\_\_ PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book & Page: 2874 / 870 Power Company\*: \_\_\_\_\_

\*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: \_\_\_\_\_ Monolithic 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 \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ 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: \_\_\_\_\_ Other (specify): \_\_\_\_\_

**Required Residential Property Line Setbacks:**

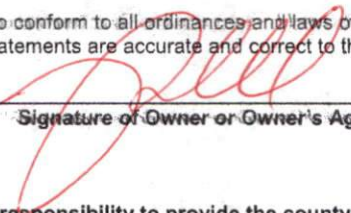
	Minimum	Actual
Front	_____	_____
Rear	_____	_____
Closest Side	_____	_____
Sidestreet/corner lot	_____	_____
Nearest Building on same lot	_____	_____

Comments: Installing Inground

Swimming pool

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 South to Masonic Rd turn right  
take next left onto Denium Drive Follow till Twin City Rd  
turn right. Go to stop sign house straight across. Brick 1 1/2 story

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

5-28-20  
\_\_\_\_\_  
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\*\*





Town of Erwin  
**Zoning Application & Permit**  
 Planning & Inspections Department

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	Kevin Tyndall	Property Owner	
Home Address	464 Lucas Rd	Home Address	
City, State, Zip	Dunn NC 28334	City, State, Zip	
Telephone	910-237-4237	Telephone	
Email	tyndallbuilders@gmail.com	Email	

1506-  
49-  
1629

Address of Proposed Property	464 Lucas Rd		
Parcel Identification Number(s) (PIN)	1506 49 1629	Estimated Project Cost	30,000.00
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	In ground Pool		
Description of any proposed improvements to the building or property			
What was the Previous Use of the subject property?	Residential		
Does the Property Access DOT road?	No		
Number of dwelling/structures on the property already	3	Property/Parcel size	2.14 Acres
Floodplain SFHA <u>Yes</u> <input checked="" type="checkbox"/> <u>No <input type="checkbox"/></u>	Watershed <u>Yes</u> <input checked="" type="checkbox"/> <u>No <input type="checkbox"/></u>	Wetlands <u>Yes</u> <input checked="" type="checkbox"/> <u>No <input type="checkbox"/></u>	
<b>MUST</b> circle one that applies to property	Existing/Proposed Septic System <u>Or</u> Existing/Proposed County/City Sewer		

**Owner/Applicant Must Read and Sign**

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and the forgoing answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

**PAID**

Print Name	Kevin Tyndall	Signature of Owner or Representative	[Signature]	Date	MAY 29 2020
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**For Office Use**

Zoning District	R-15
Front Yard Setback	35'
Side Yard Setback	10'
Rear Yard Setback	05'

Existing Nonconforming Uses or Features		<b>TOWN OF ERWIN</b>	
Other Permits Required	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Building	<input type="checkbox"/> Fire Marshal
Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation	<input type="checkbox"/> Prior to C. of O.	
Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		
Fee Paid: 25	Date Paid: 5/29/2020	Staff Initials: MSJ	

Comments	keep existing fence up around pool needs to be secured
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Signature of Town Representative:	[Signature]	Date Approved/Denied:	05/29/2020
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In ground pool 648 square feet