

Initial Application Date: 12-21-2020

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: Stan Curling Mailing Address: 375 Bakertown Road

City: Fuquay Varina State: NC Zip: 27256 Contact No: 703-627-0424 Email: _____

APPLICANT: Spotlight Pools Mailing Address: 110 Spears Lane

City: Durham State: Nc Zip: 27713 Contact No: 919-600-4794 Email: GordonSpotlightPools@gmail.

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Gordon Phone # 919-600-4794

PROPERTY LOCATION: Subdivision: 375 Bakertown Road, Fuquay Varina, NC 27256 Lot #: _____ Lot Size: _____

State Road # _____ State Road Name: _____ Map Book & Page: 1

Parcel: _____ PIN: 0035-02-8057

Zoning: _____ Flood Zone: _____ Watershed: _____ Deed Book & Page: 1 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: _____ 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 800 sqft) Use: In-ground pool 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: _____

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

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

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****