

| Application # | Kres | 2107 | -0030 |
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| Application # | TIO | 6101 | - CACA CA |

| COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E, Front Street, Lillington, NC 27646 Phone; (910) 883-725 6xt2: Fax; (910) 893-7273 www.harnett.org/permits "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING ALAND USE APPLICATION" Mailing Address: Contlect No. 9[0-8:49-57]5 Emisli: | mile. Afphobion bate. | | App | ilication # |
|--|--|--|---|--|
| Central Permitting 108 E. Front Street, Lillington, No. 27646 Phones (10) 893-7525 ext.2 Fax: (910) 893-2793 www.hannett.org/permits "ARECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTINO A LAND USE APPLICATION" **ARECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTINO A LAND USE APPLICATION" **Mailing Address: ** City: | | | | CU# |
| LANDOWNER: JOSHUA QUINN Mailing Address: City: State(NC zip: | Central Permitting | COUNTY OF HA 108 E. Front Street, Lillington, N | ARNETT RESIDENTIAL LAND USE APPLIC C 27546 Phone: (910) 893-7525 ext:2 | ATION Fax: (910) 893-2793 www.harnett.org/permits |
| City: | "A RECORDED S | SURVEY MAP, RECORDED DEED (OR OF | FER TO PURCHASE) & SITE PLAN ARE REQUIRED | WHEN SUBMITTING A LAND USE APPLICATION** |
| APPLICANT: NCHOLAS THOWSON Mailing Address: 400 ASSOTTALIZOD ACCIVE FRANKETTE FLUE States (A out applicant information of different than handwringer ADDRESS: PIN: 10631 - 31 - 14756 PIN: 10631 - | LANDOWNER: | SHUA QUINN | Malling Address: | |
| APPLICANT: | City: | State C Zip: | Contact No: 910 - 899 - 591 | 5 Email: JOSH, VETRIDENT @ GMML. |
| ADDRESS: | APPLICANT': NICH | OLAS THOMPTON, | Malling Address: 400 ASS 0775 W | 200 000 |
| Setbacks - Front: | City: ANETTEN | Matter State: NC Zip in the state of the sta | 28301 Contact No: 330-328-364 | Z Email: MINICULT @ CAMPL. COM |
| Setbacks - Front: | ADDRESS: | | PIN: 0631-31- | -1456 |
| PROPOSED USE: | | | | |
| Modular; (Sizex) # Bedrooms # Balhs Basement (w/wo bath) Garage: Site Bullt Deck: On Frame Off Frame TOTAL HTD SQ FT | | | | |
| Modular; (Sizex) # Bedrooms # Balhs Basement (w/wo bath) Garage: Site Bullt Deck: On Frame Off Frame TOTAL HTD SQ FT | PROPOSED USE: | (Future) | doing in 4 nm) hu | + wants to share septic |
| Modular; (Sizex) # Bedrooms # Balhs Basement (w/wo bath) Garage: Site Bullt Deck: On Frame Off Frame TOTAL HTD SQ FT | M SED: (Size 56 x | 47 1# Redrooms: 3 # Baths: 2 | Basement(w/wo hath): Garane: D | ack: Crawl Space: Slab: Stab: 1 XX |
| Modular; (Sizex) # Bedrooms # Balhs Basement (w/wo bath) Garage: Site Bullt Deck: On Frame Off Frame TOTAL HTD SQ FT | TOTAL HTD SQ FT/50 | O GARAGE SQ FT (Is the b | onus room finished? () ves () no w/ a c | closel? () ves () no (if ves add in with # bedrooms) |
| Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Addition/Accessory/Other: (Sizex) Use: | , | | | |
| Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no TOTAL HTD SQ FT | 470 | | | |
| Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer (Complete Environmental Health Checklist on other side of application if Septic) 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): 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 occurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. | ☐ Home Occupation: | # Rooms:Use: | Hours of Operation: | #Employees: |
| Water Supply: CountyExisting Well New Well (If of dwellings using well) *Must have operable water before final (Need to Complete New Well Application at the same time as New Tank) Sewage Supply: New Septic TankExpansionRelocationExisting Septic TankCounty Sewer (Complete Environmental Health Checklist on other side of application if Septic) 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): 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 bost of my knowledge. Permit subject to revocation if false information is provided. | ☐ Addition/Accessory | /Other: (Sizex) Use: | | Closels in addition? () yes () no |
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| I hereby state that foregoing statements are accurate and correct to the bast of my knowledge. Permit subject to revocation if false information is provided. 1/5/2-/ | Structures (existing or p | roposed): Single family dwellings:_ | Manufactured Homes: | Other (specify): |
| | If permits are granted I a I hereby state that forego | olng statements are accurate and co | orrect to the bast of my knowledge. Permit su | bject to revocation if laise information is provided. |
| | - | Signature of Owner or O | | |

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**

APPLICATION CONTINUES ON BACK

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