

Initial Application Date:		Application #
Central Permitting 420 McKinney	COUNTY OF HARNETT RESIDENTIAL LAND USI	CU# E APPLICATION 5 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
		REQUIRED WHEN SUBMITTING A LAND USE APPLICATION**
LANDOWNER: <u>Candance Coutur</u>	e Bogdan Mailing Address: 40	19 Lambert Ln.
_{City:} Fuquay Varina	State: NC Zip: 27526 Contact No: 413-22	1-8401 _{Email:}
APPLICANT*: Kara Homes, Inc.	Mailing Address: 1001 Procul	e St. Suite 101
City: Fuquay Varina	State: NC Zip: 27526 Contact No: 919-79	6-8182 _{Email:} chris@karahomesinc.com
City: Fuquay Varina State: NC Zip: 27526 Contact No: 919-796-8182 Email: chris@karahomesinc.com		
ADDRESS: 409 Lambert Ln. Fuquay Varina, NC 27526 PIN: 0664-28-9687.000 Zoning: RA-40 Flood: Minimal Watershed: 133A Deed Book / Page: 4190:1684		
		1084
Setbacks – Front: 35' Back: 20	Side:10 ⁷ Corner:10 ⁷	
PROPOSED USE:		
□ SFD: (Size <u>x</u>) # Bedroom	s:# Baths:Basement(w/wo bath):Garag	Monolithic e: Deck: Crawl Space: Slab: Slab:
TOTAL HTD SQ FTGARAGE SQ F	I (Is the bonus room finished? () yes ()	no w/ a closet? () yes () no (if yes add in with # bedrooms)
	ooms # Baths Basement (w/wo bath) Ga (Is the second floor finished? () yes () no	arage: Site Built Deck: On Frame Off Frame
Manufactured Home:SWDV	VTW (Sizex) # Bedrooms: G	arage:(site built?) Deck:(site built?)
Duplex: (Size) No. Build	Jings: No. Bedrooms Per Unit:	TOTAL HTD SQ FT
Home Occupation: # Rooms:	Use:Hours of Oper	ation:#Employees:
N Addition/Accesson/Other: (Size 16)	y 24' Mee Detached Garage	Closets in addition? () yes ($\underline{\mathbf{X}}$) no
	ARAGE 384	
	ARAGE	
Water Supply: <u>X</u> County Exis	ting Well New Well (# of dwellings using well _	
Sewage Supply: New Septic Tank	(Need to Complete New Well Applica ExpansionRelocationExisting Septic T	ation at the same time as New Tank) Fank X County Sewer
(Complete Environmental I	Health Checklist on other side of application if Septic) hat contains a manufactured home within five hundred	
	whether underground or overhead () yes (X) n	
Structures (existing or proposed): Single fa	mily dwellings: Manufactured Hom	es: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 best of my knowledge. Permit subject to revocation if false information is provided.		
Kicha	ul Beland	06/08/2023
***It is the owner/applicants responsibi		Date mation 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**		
APPLICATION CONTINUES ON BACK		

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