

| 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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