| 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 | Initial Application Date: 6424 | Application # | |
|--|--|--|--|
| State NC Zip 7505 Contact No 722 - 277 9768 Email (*PLVES ROCKING COM.) APPLICANT* Delector State NC Zip 7505 Contact No 722 - 277 9768 Email (*PLVES ROCKING COM.) APPLICANT* Delector State NC Zip 7505 Contact No 722 - 277 9768 Email (*PLVES ROCKING COM.) APPLICANT* Delector State NC Zip 7505 Contact No 722 - 277 9768 Email (*PLVES ROCKING COM.) APPLICANT* Delector State NC Zip 7505 Contact No 722 Email (*PLVES ROCKING COM.) APPLICANT* Delector State NC Zip 7505 Contact No 722 Email (*PLVES ROCKING COM.) Applicant No 4 page 1 | | DENTIAL LAND USE APPLICATION | |
| State NC Zip 77505 Contact No.732 - 277- 9758 Email. (PLACER DOCEMBL COM.) APPLICANT*: TO RED TO BOY TO State NO. Zip 77504 Contact No.919 - 878- 0321 Email. (DAYARTAR OT BOYARD SIX.) *Please fit out applicant information if different than landowner ADDRESS: 917- Noul S. PINES BD. SMT HE CO. PINES B | "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" | | |
| State NC_ZIP_TSDS_Contact No.T.22 - 2.77 - 9.768 Email. (PLUSSPA)CERNIL COM. APPLICANT*: TOEL OT BOY FOOLS Mailing Address: 9.4 FEOCE CALL O. Ext. City. Deach. State NC_ZIP_TSDS_Contact No.919 - 888 - 03.2 Email. (DAYAPTRE OT BOY ROUND) *Please fit out applicant information if different than landowner ADDRESS: 9.4 FOOL S PINES BD. GMT HE CD. PINE GD. PINE GD. TRANSPORTED TO CONTACT NO.919 - 888 - 03.2 Email. (DAYAPTRE OT BOY ROUND) ADDRESS: 9.4 No. 16 Flood. No. 16 Flo | LANDOWNER ROSA S VARON WEBB | Mailing Address: 942 HOWES PINES ED. | |
| City: Deacon State Zip: 2760 Contact No. 919 - 688 - 632 Email: DAG PACEDTERY PROSECTION Presented floor applicant information if different than landowner ADDRESS: 912 No. 16 | | | |
| ADDRESS: 912 Nouses Pines 80 Smith Red Pines 80 Smi | | | |
| Setbacks - Front: Back: Side: Corner: | City: D6060 State: Zip: 2160 Con *Please fill out applicant information if different than landowner | tact No. 919 - 656 - 032 Email: 104/AB FAREDTBAY HOUSING | |
| Setbacks - Front: Back: Slde: Corner: PROPOSED USE: SFD: (Size x # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms) Modular: (Size x) # Bedrooms | ADDRESS: 942 HOLLES PINES RD. SMITHFIELD | PIN:9691-79-0896 | |
| PROPOSED USE: SFD: (Size x # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? (_) yes (_) no w/ a closet? (_) yes (_) no (if yes add in with # bedrooms) Modular: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SQ FT (Is the second floor finished? (_) yes (_) no Any other site built additions? (_) 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: TOTAL HTD SQ FT | Zoning: R-30 Flood: Watershed: Deed Book / Page: 4330: 1022 | | |
| SFD: (Size _ x | Setbacks - Front: Back: Side: Corner: | | |
| SFD: (Size x) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: TOTAL HTD SQ FT GARAGE SQ FT (Its the bonus room finished? (_) yes (_) no w/ a closet? (_) yes (_) no (if yes add in with # bedrooms) Modular: (Size x) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame TOTAL HTD SQ FT (Its the second floor finished? (_) yes (_) no Any other site built additions? (_) yes (_) no | PROPOSED USE: | Monolithic | |
| Manufactured Home: _SW _DW _TW (Size _ x) # Bedrooms: _Garage: _(site built?) Deck: _(site built?) Duplex: (Size _ x) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees: Addition/Accessory/Other: (Size 2 x 27) Use: X27 \ Use: | | wo bath): Garage: Deck: Crawl Space: Slab: Slab: | |
| Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT | 263 STOCKESSAN ACCOUNTY OF SECOND SEC | | |
| Home Occupation: # Rooms: | Manufactured Home:SWDWTW (Sizex) | # Bedrooms: Garage:(site built?) Deck:(site built?) | |
| Addition/Accessory/Other: (Size 12 x 27) Use: 2x27 U | Duplex: (Sizex) No. Buildings: No. Bedi | rooms Per Unit: TOTAL HTD SQ FT | |
| 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 accurate 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: 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 accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. | | | |
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| | 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. | | |
| ***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited | Signature of Owner or Owner's Agent | | |

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