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Initial Application Date:_	/	24	124



Initial Application Date:	Application #	
	CU#	
COUNTY OF HARNETT RESIDEN  Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phor	NTIAL LAND USE APPLICATION	
**A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE)		
LANDOWNER: STEPHEN JAY BRIDGES Mail	ling Address: 199 WINDSWEPT	WAY
City: FUGUAY VARINA State: NC Zip: 27526 Contact	No: 916-880-6444 Email: STEVE_1	BRIDGES@ LENNAR
APPLICANT*: Mailing Address:		
	No: Email:	
ADDRESS:	_PIN:	
Zoning: Flood: Watershed: Deed Book		
Setbacks - Front: 10 Back: 15 Side: 15 Corner: NA		
PROPOSED USE:		
☐ SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo b	nath): Garage: Deck: Crawl Space:_  ? () yes () no w/ a closet? () yes () no	Monolithic Slab: Slab: (if yes add in with # bedrooms)
☐ Modular: (Sizex) # Bedrooms # Baths Basement (w/\ TOTAL HTD SQ FT (Is the second floor finished? (	wo bath) Garage: Site Built Deck: ( _) yes () no Any other site built additions? (	On Frame Off Frame
☐ Manufactured Home:SWDWTW (Sizex) # Be	edrooms: Garage:(site built?) Deck:_	(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedroom	ns Per Unit:TOTAL HTD Si	QFT
□ Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
Addition/Accessory/Other: (Size 10 x 12) Use: SCREENED	PORCH TO Closets in ad	ddition? ( ) ves ( \no
TOTAL HTD SQ FT D GARAGE D	10 x 20 aclel 15 x 20 slub	,
Sewage Supply: New Septic Tank Expansion Relocation (Complete Environmental Health Checklist on other side of appl Does owner of this tract of land, own land that contains a manufactured home w	llings using well) *Must have operable New Well Application at the same time as New Tan Existing Septic Tank County Sewer ication if Septic) ithin five hundred feet (500') of tract listed above? (	water before final k)
Does the property contain any easements whether underground or overhead (	∠) yes () no	
Structures (existing or proposed): Single family dwellings: Ma	anufactured Homes: Other (spec	ify):
If permits are granted I agree to conform to all ordinances and laws of the State I hereby state that foregoing statements are accurate and correct to the best of	my knowledge. Permit subject to revocation if false	ecifications of plans submitted. information is provided.
***It is the owner/applicants responsibility to provide the county with any to: boundary information, house location, underground or overhead e incorrect or missing information that is *This application expires 6 months from the	applicable information about the subject proper assements, etc. The county or its employees are scontained within these applications.***  initial date if permits have not been issued**	ty, including but not limited not responsible for any

APPLICATION CONTINUES ON BACK

strong roots · new growth