

2/10/11
3:45

Initial Application Date: 2-7-11
2-21-11

Application # 11-50024025A
CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Bruce & Amanda M Axton Mailing Address: 179 Tilden Howington Drive
City: Lillington State: NC Zip: 27546 Contact # 910-429-4750 Email: amanda.axton@gmail.com

APPLICANT*: SAAC Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact # _____ Email: _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Amanda Axton Phone # 910-429-4750

PROPERTY LOCATION: Subdivision: Mamie Bell Ridge PHD 1 & 2 & 5 Lot #: 71 Lot Size: _____
State Road # 421 State Road Name: Old 421 Map Book & Page: 2007.256
Parcel: 13-0630-01-0029-11 PIN: 0630-55-1163
Zoning: RA30 Flood Zone: X Watershed: N/A Deed Book & Page: 2536 514 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 421 towards Sanford, left on Old Hwy 421 approx 2 miles on left, 2nd entrance into Mamie Bell Ridge onto Tilden Howington Drive 1st house on left.

PROPOSED USE:

- SFD: (Size ___x___) # Bedrooms: ___ # Baths: ___ Basement(w/w bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: ___ Monolithic Slab: ___
(Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms))
- Mod: (Size ___x___) # Bedrooms ___ # Baths ___ Basement (w/w bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
(Is the second floor finished? () 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: ___
- Home Occupation: # Rooms: ___ Use: ___ Hours of Operation: ___ # Employees: ___
- Addition/Accessory/Other: (Size ___x___) Use: COMPUTING BONUS ROOM Closets in addition? () yes () no

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *MUST have operable water before final
Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer
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
Structures (existing or proposed): Single family dwellings: one Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front	Minimum	Actual
Rear		
Closest Side		
Sidestreet/corner lot		
Nearest Building on same lot		

Comments: Revision - No Fee
Customer is removing closet
Sum Bonus Room labeled @
BDB

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.

Amanda Axton Signature of Owner or Owner's Agent Date 2/7/2011

****This application expires 6 months from the initial date if permits have not been issued****
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION