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Initial Application	Date: 06/21/2011
initial Application	Date.



Application #	1500269651)

CU# COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" hathryn G. Waters nesstand Development Mailing Address: 559 Executive Place Suite 101 State: Zip: 28305 Contact No: 910-339-6330 Email: janine@cavinessland.com APPLICANT*: Caviness Land Development Mailing Address: 559 Executive Place Suite 101 City: Fayetteville Zip: 28305 Contact No: 910-339-6330 Email: janine@cavinessland.com Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: Janine Lightner Phone # 910-339-6330 PROPERTY LOCATION: Subdivision: Rosemont Phase (1) State Road Name: Nursery Road State Road # 1117 Parcel: 010536002891 PIN. 0517-12-4742.000 Zoning: RANGFlood Zone: ____ Watershed: NO Deed Book & Page: OTP Power Company*: South River Electric *New structures with Progress Energy as service provider need to supply premise number _ PROPOSED USE: SFD: (Size 57 x 38 # Bedrooms: 3 # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: (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/wo 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:____ Addition/Accessory/Other: (Size ____x___) Use:____ 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 (Does the property contain any easements whether underground or overhead (___) yes (___) no Structures (existing of proposed): Single family dwellings: Manufactured Homes: \$40 Rev fee Mono to Stem Wall Required Residential Property Line Setbacks: Minimum_³⁵ Actual 35.9 Front 25 92.8 Rear 10 20.8 Closest Side Sidestreet/corner lot **Nearest Building** on same lot

Residential Land Use Application

SPECIFIC DIRECTION	NS TO THE PROPERTY FROM L	ILLINGTON: From 87S, m	ake a left onto Nursery Ro	ad and then continue to the left	
on Nursery Road. M	Make a right onto Parkview La	ne. Lot is the second lot	on the left.		
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		100			- %
					- 25
If permits are granted I I hereby state that foreg	agree to conform to all ordinances going statements are accurate and	s and laws of the State of No correct to the best of my kn	orth Carolina regulating such vowledge. Permit subject to re	vork and the specifications of plans so vocation if false information is provide	ubmitted ed.
-	Signature of Swper of	Owner's Agent		//_	
			, Date		

It is the owner/applicants responsibility to provide the county with any applicable information 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