.20 -13 Initial Application Date: (>

		Name and Address of the Owner, where the Owner, which the
DATE Application	# 1350030712	-R
The state of the s	CU#	11

Central Permitting

Nearest Building on same lot

Residential Land Use Application

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

03/11

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION" Mailing Address: zip: 24368 Contact No: 9193530370 Email: Yonpawindstream. net *Please fill out applicant information if different than landow CONTACT NAME APPLYING IN OFFICE: __ Lot Size: 1.58 acre **PROPERTY LOCATION: Subdivision:** Map Book & Page: 2012/ 229 State Road Name: Roberts 9586-67-0717.000 Deed Book & Page: 2974 1 592 Power Company*: CEMC Zoning: UTZORFlood Zone: MA Watershed: *New structures with Progress Energy as service provider need to supply premise number _____ PROPOSED USE: Monolithic SFD: (Size 60 x 40) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)) # 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:_ Hours of Operation: 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 of proposed): Single family dwellings: Manufactured Homes: Other (specify): Required Residential Property Line Setbacks: Front Rear Closest Side Sidestreet/corner lot

pecific directions to the property from LILL Left on Buffalse	INGTON: HWY27 west two
Right on Roberts	Rd. Site 5 mile on
f permits are granted I agree to conform to all ordinances a hereby state that foregoing statements are accurate and conformation of the statements are accurate and conformation of the statements are accurate and conformation of the statement o	and laws of the State of North Carolina regulating such work and the specifications of plans submitted correct to the best of my knowledge. Permit subject to revocation if false information is provided. 2 2 3 3 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**

THE STATE OF THE S Tall. · oct ood is station of o S 54°10'30"E 257.27 SITE PLAN APPROVAL DISTRICT RADOR USE SFO #BEDROOMS Zoning Administrator 0/1 M. ES. 90. SE S (I) ,26'66! AND AND 305.73 W 85°28'37"W 300.00 Drive 54°12'00"E S 259,72 3.19,600 N Control Carron