|                     |       | 2     | -15 |
|---------------------|-------|-------|-----|
| Initial Application | Date: | <br>C | _10 |

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| Application # | <u>550</u> | 0 | 36 | 631 |  |
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|               | CU#        |   |    |     |  |

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

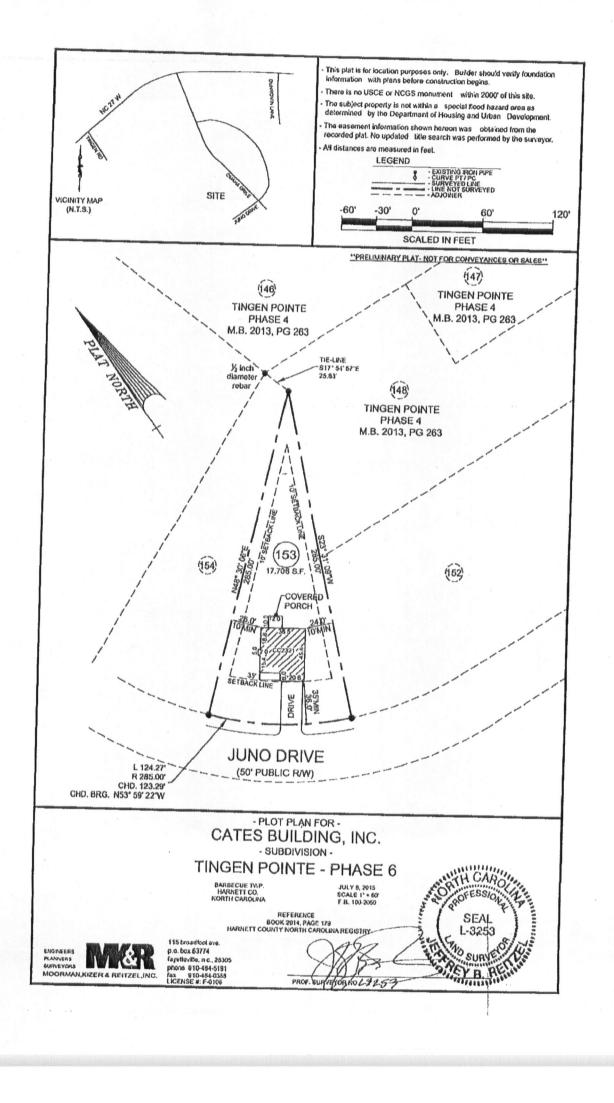
set Lillington, NC 27546, Phone: (910) 893-7526 ext; 2 Fav: (910) 893-2793

| Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext.2 Fax: (910) 893-2793 www.namett.org/permits  |
|--|
| "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"  |
| LANDOWNER: (Ates Building Inc Malling Address: 639 Executive Place, Suite 400  |
| City: Fayetteville State: NCZID8305 Contact NO. 10-778-7899 Email angir acavinessand cates. com  |
| APPLICANT: CAtes Building Inc Malling Address: 639 Executive Place Suite 400   |
| City: <u>Fayetteville</u> State: <u>AIC</u> Zip: <u>28305</u> Contact No: <u>910-481-0503</u> Email: <u>angie@cavi.ness.and.cates.com</u> *Please fill out applicant information if different than landowner   |
| CONTACT NAME APPLYING IN OFFICE: Augie, Fowler Phone # 910-481-0503  |
| PROPERTY LOCATION: Subdivision: Tingen Pointe Lot #: 153 Lot Size: . 4/ac  |
| State Road # 734 State Road Name: Juno Drive Map Book & Page: 2014 / 179   |
| Parcel: 03957601 0088 65 PIN: 9597-33-3043.000   |
| Zonin RA-20 Relood Zone: X Watershed: NR Deed Book & Page: 3236 / 966 Power Company*: Duke Energy  |
| *New structures with Progress Energy as service provider need to supply premise numberfrom Progress Energy.  |
| PROPOSED USE:  # Bedrooms: # Baths. Basement(w/wo bath) Garage: Deck Crawl Space: Slab: Sl |
| (is the second floor finished? () yes () no Any other site built additions? () yes () no  Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)   |
|  |
| Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:  |
| Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:   |
| Addition/Accessory/Other: (Sizex) 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 Septlc Tank (Complete Checklist) Existing Septlc 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   |
| Does the property contain any easements whether underground or overhead () yes () no   |
| Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):   |
| Required Residential Property Line Setbacks: Comments:   |
| Front Minimum 35 Actual 36   |
| Rear 25 180  |
| Closest Side 10 24   |
| Sidestreet/corner tot_N/A  |
| .1.  |
| Nearest Building VA: on same lot Particular land the Angliantian Particular land the Anglianti |
| Residential Land Use Application Page 1 of 2 03/11  APPLICATION CONTINUES ON BACK  |

|  | <br> | 100 100 100 100 100 100 100 100 100 100 |
|--|------|---|
| ************************************** |      |   |

\*\*\*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\*\*



| OWNER NAME:  | APPLICATION #:   |
|--|--|
| County Health I  | *This application to be filled out only when applying for a new septic system.*  Department Application for Improvement Permit and/or Authorization to Construct   |
| IMPROVEMENT PERI   | N IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE MIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either privation depending upon documentation submitted. (complete site plan = 60 months; complete plat = without  |
| DEVELOPMENT INF  | CORMATION  |
| New single family r                                      | residence  |
| ☐ Expansion of existing                                  | ng system  |
| □ Repair to malfunction                                  | oning sewage disposal system   |
| ☐ Non-residential type                                   | e of structure   |
|  |  |
| WATER SUPPLY   |  |
| □ New well   |  |
| ☐ Existing well  |  |
| ☐ Community well   |  |
| Public water   |  |
| ☐ Spring   |  |
| Are there any existing w                                 | ells, springs, or existing waterlines on this property?  |
| {}} yes {\bullet} no {                                   | } unknown  |
|  |  |
| SEPTIC<br>If applying for authorizati                    | on to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.   |
| {}} Accepted   | {}} Innovative   |
| {} Alternative   | {}} Other  |
| {\(\sum_{\text{Conventional}}\)                          | {}}.Any  |
| The applicant shall notify<br>question. If the answer is | the local health department upon submittal of this application if any of the following apply to the property in "yes", applicant must attach supporting documentation.   |
| YES YNO  | Does the site contain any Jurisdictional Wetlands?   |
| (_)YES (V)NO   | Does the site contain any existing Wastewater Systems?   |
| YES NO   | Is any wastewater going to be generated on the site other than domestic sewage?  |
| YES INO  | Is the site subject to approval by any other Public Agency?  |
| YES NO   | Are there any easements or Right of Ways on this property?   |
|  | Does the site contain any existing water, cable, phone or underground electric lines?  |
|  | If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.  |
| Have Read This Applicat                                  | ion And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And  |
| State Officials Are Grantes                              | Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules.  |
|  | olely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making  |
| The Site Accessible So Tha                               | t A Complete Site Evaluation Can Be Performed.   |
|  | 7-9-15   |
| PROPERTY OWNERS  | OR OWNERS TO A DEPOPUED MAN BOUND OF STATE OF ST |

OWNER NAME:\_\_\_

# DO NOT REMOVE!

# Details: Appointment of Lien Agent

Entry #: 353069

Filed on: 09/15/2015
Initially filed by: CatesBuildingInc

# Designated Lien Agent

Investors Title Insurance Company

Online: www.liensnc.com/doc-man/leabaccom/ Address: 19 W. Hargett St., Suite 507 / Raleigh, NC

27601 Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com made support@liensnc.com

## Owner Information

Cates Building Inc 639 Executive Place Suite 400 Fayetteville, NC 28305 United States

Email: angie@cavinessandcates.com

Phone: 910-481-0503

#### Project Property

TN153 Lot 153 in Tingen Pointe subdivision PIN # 9597-33-3043 000 Deed Book 3236 - Page 971-975

734 Juno Drive Broadway, NC 27505 Harnett County

# Property Type

1-2 Family Dwelling

#### Date of First Furnishing

09/01/2015

View Comments (0)

Technical Support Hotline: (888) 690-7384

# Print & Post



#### Contractors:

Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.