## COUNTY OF HARNETT LAND USE APPLIC..... ON

	Central Permitting		t Street, Lillington,			10) 893-4759	Fax: (910) 893-	2793
	CID	R. WO-2			2	P 1116		
LANDOWNE	S: CALC	SITUEL	) h//	Mailing A	Address:	1 /30 X / YC	919.721.09	<b>/</b>
City:	inn		State:	Zip.	(633)	Phone #:	119.121.09	64
City:			State:	Zip:		Phone #:		
Parcel: OG Zoning: RA-U	Subdivis	5-58 ion: <u>ViClor</u> 2050 Wat	SR Name:  C. Hills II  ershed: III  IAKE  KI	PIN: Clob	3-t4-47 Book/Page: 0 - Rom c	Lot#: 710 TP Plat 21 Cling	Lot Size:  Book/Page: Zets	156
235	Moorey	OR						12
☐ Multi-Family I	Owelling No. Units		No. Bedrooms/Unit_				Beck_/o/i	186
☐ Manufactured l	Home (Sizex_	) # of Bedrooms	Garage_	D	eck	_		
Comments:								
	ons per household			T				
	Sq. Ft. Retail Space Sq. Ft.			Type _				
			ns					
☐ Addition to Exist	ting Building (Siz	ze x )	Use					
Other								
Water Supply:	County ()	Well (No. dwelling	s)	Othe	r			
Sewage Supply:	New Septic Tank	() Existing Septic	Tank ()C	ounty Sewer	(_) Other			
Erosion & Sedimentation	on Control Plan Requ	ired? YES	NO					
Structures on this tract	of land: Single fan	nily dwellings	Manufactured	homes	Other (specify)			
Property owner of this t	ract of land own land	that contains a manuf	factured home w/in fi	ve hundred feet (	500') of tract listed	above?	YES NO	
Required Property Li	ne Setbacks:	Minimum	Actual		Minimum	Actual		
	Front	35	40	Rear	75	98		
	Side	10	36	Corner	TO	DIA		
1	Vearest Building	10	MA	Corner		-11\V)		

If permits are granted I agree to conform to all ordinances and the laws of the State of North Carolina regulating such work and the specifications or plans submitted. I hereby swear that the foregoing statements are accurate and correct to the best of my knowledge.

Signature of applicant

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\*\*This application expires 6 months from the date issued if no permits have been issued \*\*

