



Initial Application Date: 06/07/2021

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 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****

LANDOWNER: Deanna and Mike Brown Mailing Address: 100 Wyndham Place Drive
City: Fuquay-Varina State: NC Zip: 27526 Contact No: 847-858-1776 Email: deannabrown60@yahoo.com

APPLICANT*: Kaylan Watson Mailing Address: 2517 Atlantic Ave
City: Raleigh State: NC Zip: 27604 Contact No: 919-833-9096 Email: permitting@ncsolarnow.com

*Please fill out applicant information if different than landowner

ADDRESS: 100 Wyndham Place Drive, Fuquay-Varina, NC 27526 PIN: 0664-88-9649.000

Zoning: RA-30 Flood: Minimal Watershed: CFR Deed Book / Page: 3624 : 0364

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size _____ x _____) # Bedrooms: _____ # Baths: _____ Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: _____ Slab: _____ Slab: _____ Monolithic
TOTAL HTD SQ FT _____ **GARAGE SQ FT** _____ (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/wo bath) _____ Garage: _____ Site Built Deck: _____ On Frame _____ Off Frame _____
TOTAL HTD SQ FT _____ (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: _____ **TOTAL HTD SQ FT** _____

Home Occupation: # Rooms: _____ Use: _____ Hours of Operation: _____ #Employees: _____

Addition/Accessory/Other: (Size _____ x _____) Use: _____ Installation of roof mounted Solar array on existing structure via DOI opt 2 Closets in addition? () yes () no
TOTAL HTD SQ FT 298 **GARAGE** _____

Water Supply: _____ County _____ Existing Well _____ New Well (# of dwellings using well _____) ***Must have operable water before final**
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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: 1 Manufactured Homes: _____ Other (specify): _____

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.

Signature of Owner or Owner's Agent

06/07/2021

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*

APPLICATION CONTINUES ON BACK

strong roots • new growth

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: Deanna and Mike Brown Phone: 847-858-1776

Owner (s) Mailing Address: 100 Wyndham Place Drive, Fuquay-Varina, NC 27526

Land Owner Name (s): Deanna and Mike Brown Phone: 847-858-1776

Construction or Site Address: _____

PIN # 0664-88-9649.000 Parcel # 040664 0038 05

Job Cost: \$15,300 Description of Work to be done Installation of roof mounted Solar Array on existing structure via DOI opt 2

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:
included in binder


Subdivision: _____ Lot #: _____

I NC Solar Now, INC will provide the Electrical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 33569-U, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

NC Solar Now, INC
Contractor's Company Name
2517 Atlantic Ave Raleigh NC 27604
Address
33569-U
License #

919-833-9096
Telephone
permmiting@ncsolarnow.com
Email Address

Structure Owner / Contractor Signature:  Date: 06/07/2021

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**