

Initial Application Date: 9/7/18

Application # SFD1809-0009
CU# _____

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: Wellco Contractors Mailing Address: P.O. BOX 766
City: SPRING LAKE State: NC Zip: 28390 Contact No: 910 436.3131 Email: jason@wswellonsrealty.com

APPLICANT*: WELLCO CONTRACTORS INC Mailing Address: P.O. BOX 766
City: SPRING LAKE State: NC Zip: 28390 Contact No: 910 436.3131 Email: jason@wswellonsrealty.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: JASON WELLONS Phone # 910.436.3131

PROPERTY LOCATION: Subdivision: Rolling Springs Section 8 Lot #: 8 Lot Size: .54AC
State Road # _____ State Road Name: Raintree Lane Map Book & Page: 2018, 280
Parcel: _____ PIN: 0506-40-66075-000
Zoning: RA-20M Flood Zone: N/A Watershed: N/A Deed Book & Page: 1 Power Company*: SOUTH RIVER

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy

PROPOSED USE:

SFD: (Size 39 x 35) # Bedrooms: 3 # Baths: 3 1/2 Basement(w/wo bath): Garage: Deck: Crawl Space: _____ Slab: Monolithic Slab: _____
(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: _____ #Employees: _____

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 () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed): Single family dwellings: PROPOSED Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:

Front Minimum _____ Actual _____
Rear _____
Closest Side _____
Sidestreet/corner lot _____
Nearest Building on same lot N/A _____ N/A _____

Comments: _____

