

Initial Application Date: _____ 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: Cates Building Inc. Mailing Address: 639 Executive Place Suite 40
City: Fayetteville State: nc Zip: 28305 Contact No: 910-481-0503 Email: angie@Cavinessandcates.com

APPLICANT: Cates Building Inc Mailing Address: 639 Executive Place Suite 400
City: Fayetteville State: NC Zip: 28305 Contact No: 910-481-0503 Email: angie@Cavinessandcates.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Angie Fowler Phone # 910-481-0503

PROPERTY LOCATION: Subdivision: Manors @ Lexington PT Lot #: 751 Lot Size: .41

State Road # 51 State Road Name: Artillery Lane, Cameron, NC Map Book & Page: 2019 / 44

Parcel: 09956526 0282 54 PIN: 9595-41-3469-000

Zoning: RA-20R Flood Zone: no Watershed: no Deed Book & Page: 3708 / 0360 Power Company*: Central EMC

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

PROPOSED USE:

SFD: (Size 52 x 52) # Bedrooms: 4 # Baths: 2 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: _____ 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: 1 Proposed Manufactured Homes: _____ Other (specify): _____

Required Residential Property Line Setbacks:	Comments: _____
Front Minimum <u>35'</u> Actual <u>36'</u>	_____
Rear <u>25'</u> <u>56'8"</u>	_____
Closest Side <u>5</u> <u>19.3</u>	_____
Sidestreet/corner lot _____	_____
Nearest Building on same lot _____	_____

