

Initial Application Date: Application # CU# COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION." LANDOWNER: Caviness & Cates Builidng and Development Co Malling Address: 639 Executive Place Ste 400 City: Fayetteville State: NC zlp: 28305 Contact No: (910) 778-7902 Email: pam@cavinessandcates.com Mailing Address: State: Contact No: \*Please fill out applicant information if different than landowner ADDRESS: Watershed: NA Zoning: RA-20R Flood: Deed Book / Page: Setbacks - Front: Back:\_ Side: Corner:\_ PROPOSED USE # Bedrooms: # Baths? Sasement(w/wo ball \_ Garage: X Deck: \_\_ Crawl Space: \_\_ Slab: \_\_ Slab: X GARAGE SQ FT (Is the bonus room finished? (\_\_) yes (\_\_) no w/ a closet? (\_\_) yes (\_\_) no (if yes add in with # bedrooms) Modular: (Size\_\_ # 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:\_\_\_\_\_\_\_ Closets in addition? (\_\_) yes (\_\_) no TOTAL HTD SQ FT GARAGE County \_\_\_\_ Existing Well \_\_\_\_ New Well (# of dwellings using 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) r. \_\_\_New Septic Tank \_\_\_ Expansion \_\_\_ Relocation \_\_ Existing Septic Tank \_X County Sewer (Complete Environmental Health Checklist on other side of application if Septic) Expansion, 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 (X) no X Structures (existing or proposed): Single family dwellings:\_\_\_ \_\_\_\_ Manufactured Homes:\_\_\_\_\_ Other (specify): If permits are grapted 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 following statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner's Agent

Signature of Owner's Agent

Signature of Owner's Agent

Date

\*This application expires 6 months from the initial date if permits have not been issued\*\*

## APPLICATION CONTINUES ON BACK

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