

Initial Application Date: 5/13/2/

Application #	SFOZI	04.	-/)(1112
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CU#_

LANDOWNED.				RED WHEN SUBMITTING A LAND	
LANDOWNER.			Mailing Address:		
City:	State: 2	Zip: Con	tact No:	Email:	
APPLICANT*: Caviness La	nd Developmen	t Mailing Address	: 1041 B Robeson	n St	
City: Fayetteville *Please fill out applicant information if o	State: NC 2	Zip: 28305 Conf	act No: 910-339-6330	Email:	
ADDRESS: 206 Silk (277)	_{PIN:} 0516-17	-1148	
Zoning: Flood:	Watershed:	Deed B	ook / Page:		
Setbacks – Front: 26.00 Back	c: 23.00_side: 23.0	00 Corner: 121.	59		
PROPOSED USE:					
SFD: (Size 44 x 51) # E	Bedrooms: 5 # Baths:2	2.5 Basement(w/w	o bath); na Garage: X	Deck: X Crawl Space:	Slab: Monolithic
TOTAL HTD SQ FT 2302 GARAG					
☐ Modular: (Sizex)	# Podrooms # Pot	ba Basamast	(volum hadh) Canana	Cita Duilt Dank.	C
TOTAL HTD SQ FT					
Manufactured Home:SW	DWTW (Size	x)#	Bedrooms: Garage:_	(site built?) Deck:	(site built?)
☐ Duplex: (Sizex) N	No. Buildings:	No Bedro	oms Per Unit:	TOTAL HTD SO F	
			Hours of Operation:		
Home Occupation: # Rooms:_	Use:				#Employees:
Home Occupation: # Rooms:_ Addition/Accessory/Other: (Size OTAL HTD SQ FT	re) Use:_				
Addition/Accessory/Other: (Siz	ex) Use:_			Closets in additi	ion? () yes () no
Addition/Accessory/Other: (Siz	zex) Use:	New Well (# of dv	vellings using well	Closets in additi	ion? () yes () no
Addition/Accessory/Other: (Size OTAL HTD SQ FT Vater Supply: New Septice OTAL HTD SQ FT Vater Supply:	Existing Well Expansion	_ New Well (# of dv (Need to Complet Relocation	vellings using well e New Well Application at th Existing Septic Tank X	Closets in additi	ion? () yes () no
O Addition/Accessory/Other: (Size OTAL HTD SQ FT Vater Supply: X County ewage Supply: New Septic (Complete Environment)	SARAGE Existing Well Tank Expansion Pental Health Checklist	_ New Well (# of dv (Need to Complet Relocation on other side of ac	vellings using well e New Well Application at the Existing Septic Tank X	Closets in additi) *Must have operable wa ne same time as New Tank) County Sewer	on? () yes () no
Addition/Accessory/Other: (Size OTAL HTD SQ FT) Vater Supply: X County ewage Supply: New Seption (Complete Environmoes owner of this tract of land, own	Existing Well Expansion Dental Health Checklist I and that contains a m	_ New Well (# of dv (Need to Complet Relocation_ on other side of ap	vellings using well e New Well Application at th _Existing Septic Tank _X vplication if Septic) within five hundred feet (50	Closets in additi) *Must have operable wa ne same time as New Tank) County Sewer	on? () yes () no
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Addition/Accessory/Other: (Size OTAL HTD SQ FT) Water Supply: X County ewage Supply: New Septic (Complete Environmoes owner of this tract of land, ownoes the property contain any ease tructures (existing or proposed): Size permits are granted I agree to contain any ease tructures (existing or proposed): Size permits are granted I agree to contain any ease tructures (existing or proposed): Size permits are granted I agree to contain any ease tructures (existing or proposed): Size permits are granted I agree to contain any ease tructures (existing or proposed): Size permits are granted I agree to contain any ease tructures (existing or proposed): Size permits are granted I agree to contain any ease tructures (existing or proposed):	Existing Well Existing Well Expansion mental Health Checklist aland that contains a m ments whether undergrangle family dwellings: form to all ordinances a	_ New Well (# of dv (Need to Complet 	vellings using well e New Well Application at the Existing Septic Tank X plication if Septic) within five hundred feet (50 (X) yes () no Manufactured Homes: te of North Carolina regulation	Closets in additi *Must have operable wane same time as New Tank) County Sewer 00') of tract listed above? (Other (specify):	ter before final) yes (X) no
O Addition/Accessory/Other: (Size OTAL HTD SQ FT) Water Supply: X County ewage Supply: New Septic (Complete Environnoes owner of this tract of land, ownoes the property contain any ease tructures (existing or proposed): Size permits are granted I agree to connereby state that foregoing statements	Existing Well Existing Well Expansion mental Health Checklist aland that contains a m ments whether undergrangle family dwellings: form to all ordinances a	New Well (# of dv (Need to Complet Relocation on other side of ap nanufactured home ound or overhead of the state or of the State or other st	vellings using well e New Well Application at the Existing Septic Tank X plication if Septic) within five hundred feet (50 (X) yes () no Manufactured Homes: te of North Carolina regulation	Closets in additi *Must have operable wane same time as New Tank) County Sewer 00') of tract listed above? (Other (specify):	ter before final) yes (X) no

APPLICATION CONTINUES ON BACK

strong roots · new growth