Application # _____

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Permit in Town Zoning/Areas Zoned by Municipalities

	Owner Information:		Applicant Information:		
Name: D.R. Horton Inc.			Name: D.R. Horton Inc./Ally Moss		
Address: 2000 Aerial Center Parkway Ste. 110A			Address: 2000 Aerial Center Parkway Ste. 110)A	
	ville, NC 27560		Morrisville, NC 27560		
Phon	ne: 919-407-2037		Phone: 919-407-2037		
Drop	orty Logotion:				
	erty Location:	\\\/ \\\ =	State Road#: 1427 (Baptist Grove R	547	
Dara	Address. 144 LONG MEADO	VV LAINE	State Hodu#	<u>(u)</u>	
Cubd	livinion: IAEAVETTE MEADON	MC	PIN: 0653-29-9892.000 Lot Number: 8 Power Co*: PROGRESS ENER		
	Sizo: 0.02	Zanina: DA 10	Power Co*:		
* Now	etructures with Progress Energy must	t provide promise n	PROGRESS ENER umber 79039628 from Progress Energy	<u>₹GY</u>	
INEW	Structures with Frogress Energy must	i provide premise n	inibel 79039026 Ironi Frogress Energy		
Snec	rific Directions to Joh from Lilling	ıton:			
-	N on McKinney Pkwy, turn L onto US	· · · · · · · · · · · · · · · · · · ·			
Turn L	onto Baptist Grove Rd., Turn L onto I	Long Meadow Lane	(Lafavette Meadows Community)		
	,				
Prop	osed Use:				
(√)	Single Family Dwelling (Size: 38 x 36) # of Bedrooms: 4				
	Single Family Dwelling (Size: 38 x 36) # of Bedrooms: 4 Basement: Deck: Deck: Slab or Crawl Space				
()	Multi Family Dwelling # c	of Units:	# of Bedrooms/Units:		
()					
()	Manufactured Home (Size:x) # of Bedrooms:				
()	Garage: Deck:				
	<u> </u>		_		
()	Business Square Footage	Retail Space:	Type:		
()	-		•		
()	Industry Size:	Тур	e:Use <u>:</u>		
()					
()	Home Occupation # c	of Rooms:	Use:		
	·				
()	Addition to Existing Building	Size:	Use:		
()	Other:				
Wate	er Supply: (✓) County ()	Well ()O	ther		
Sewa	age: (🗸) New Tank (Complete septic ch	necklist) () E	xisting Septic (Complete septic checklist) () Sev	wer	
Ther	e is a \$750.00 charge for new	tanks, \$100 for	existing tanks. This approval is sub	oject to	
			m changes or if false information is		
			certifies all information above is correct	ct.	
-		•			
Appli	cant Signature: Ally M	loss	Date: 10/21/21		
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TOWN INFO 6/08