

Initial Application Date:\_\_\_

Application #		
PLICATION	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: MFT DH1 LLC	Mailing Address: 1954 AIRPORT RD., SUITE 208					
City: ATLANTA	_ State: <u>GA</u> Zip: <u>30341</u>	Contact No: 256-35	i0-1322	Email:c <u>howell@davidsonhomesllc</u>	.com	
APPLICANT*: DAVIDSON HOMES, L	LC- RALEIGH Mailing A	ddress: <u>1903 N. H</u> A	RRISON AVEN	UE, SUITE 200		
City: <u>CARY</u> *Please fill out applicant information if different i	_ State: <u>NC</u> Zip: <u>27513</u> than landowner	_ Contact No: <u>984</u>	<u>-217-8561</u> I	Email: <u>chowell@davidsonhomesll</u> d	<u>c.com</u>	
ADDRESS: TBD PRINCE PLACE DR.	FUQUAY-VARINA, M	NC 27526PIN:	0633-66-8994.0	000		
Zoning: RA-30 Flood: ZONE: X	_ Watershed: <u>HWQ WS-IV</u> D	eed Book / Page: <u>40</u>	<u>53:0488</u>			
Setbacks – Front: 35' Back: 25'	Side:10' Corne	r:20'				
PROPOSED USE:						
SFD: (Size <u>50' x 74'</u> ) # Bedroor TOTAL HTD SQ FT 2524 GARAGE SQ			-	Crawl Space: 🗸 Slab: Slab		
□ Modular: (Size <u>x</u> ) # Bed	rooms# BathsBas	ement (w/wo bath)	_Garage:Site	Built Deck: On FrameOf	f Frame	
TOTAL HTD SQ FT	(Is the second floor fin	ished? () yes () r	no Any other site	built additions? () yes () no		
Manufactured Home:SWD	WTW (Sizex	) # Bedrooms:	_Garage: <u>(</u> sit	e built?) Deck:(site built?	_)	
Duplex: (Sizex) No. Bui	ldings:No	o. Bedrooms Per Unit:		TOTAL HTD SQ FT		
Home Occupation: # Rooms:	Use:	Hours of C	)peration:	#Employees:		
Addition/Accessory/Other: (Size	x) Use:			Closets in addition? () yes	() no	
TOTAL HTD SQ FT	GARAGE					
Water Supply: <u>County</u> Existence County Existence County Existence County Existence County County County Counter County Counter County Counter County Counter County Counter C	(Need to ) Expansion Reloc Health Checklist on other s	Complete New Well Ap ationExisting Sep ide of application if Sep	<mark>plication at the sar</mark> tic Tank Cou <mark>tic)</mark>	<mark>ne time as New Tank</mark> ) unty Sewer		
Does the property contain any easements	whether underground or o	/erhead ( <u>✓</u> ) yes (	_) no			
Structures (existing or proposed): Single f	amily dwellings: 1	Manufactured F	lomes: <u>0</u>	Other (specify):		
If permits are granted I agree to conform I I hereby state that foregoing statements a	re accurate and correct to the	he best of my knowledg				
Celler da Howell	PERMITTING C		01/10			
***It is the owner/applicants responsib to: boundary information, house lo inc	ocation, underground or o orrect or missing informat plication expires 6 month	with any applicable in verhead easements, e tion that is contained s from the initial date	nformation about etc. The county or within these appl if permits have n	its employees are not responsible ications.***		
APPLICATION CONTINUES ON BACK						

strong roots • new growth