



Application # _____

Initial Application Date: _____

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: Caviness & Cates Building and Development Co Mailing Address: 639 Executive Place Ste 400

City: Fayetteville State: NC Zip: 28305 Contact No: (910) 778-7902 Email: pam@cavinessandcates.com

APPLICANT*: same as above Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

ADDRESS: 202 Kensington Drive Spring Lake, NC 28396 PIN: 0505-93-3040-000

Zoning: RA-20R Flood: No Watershed: NA Deed Book / Page: 4051-0718

Setbacks - Front: 36' Back: 34' Side: 6.0' Corner: _____

PROPOSED USE:

SFD: (Size 45 x 28) # Bedrooms: 4 # Baths: 2.5 Basement(w/w bath): _____ Garage: [checked] Deck: _____ Crawl Space: _____ Slab: _____ Monolithic Slab: [checked]
TOTAL HTD SQ FT 1884 GARAGE SQ FT 418 (Is the bonus room finished? [checked] yes [] no w/ a closet? [] yes [checked] no (if yes add in with # bedrooms)

Modular: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/w 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 _____

Water Supply: [checked] County _____ Existing 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)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? [] yes [checked] no

Does the property contain any easements whether underground or overhead [] yes [checked] no

Structures (existing or proposed): Single family dwellings: [checked] Manufactured Homes: _____ Other (specify): _____

If permits are granted 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 foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Signature of Owner or Owner's Agent: Pamela M Sedley for Caviness & Cates Date: 3-4-2022

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

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

APPLICATION CONTINUES ON BACK

strong roots • new growth

**HARNETT COUNTY
DEPARTMENT OF PUBLIC UTILITIES
Equal Opportunity Provider and Employer**

RESIDENTIAL WATER/SEWER USER AGREEMENT

COPY OF RECORDED DEED & PICTURE ID ARE REQUIRED

() _____ Water and Sewer District of Harnett County

() Retrofitted Sprinkler Connection (For accounts with county sewer)

() Full Service Sprinkler Connection

Owner's Mailing/Billing Address:

For Office Use Only:

Caviness & Cates Building and Development Company
LAND OWNER'S NAME

AMOUNT PAID

639 Executive Place Ste 400
CURRENT STREET, ROUTE OR P.O. BOX

CUSTOMER NO.

Fayetteville, NC 28305
CITY OR TOWN, STATE, ZIP

PROPERTY NO.

(910) 481-0503
TELEPHONE NUMBER

STATE RD NAME & NO.

NUMBER OF PERSONS LIVING IN

EIN 56-2119964
OWNER SOCIAL SECURITY & DRIVERS LICENSE #

SPOUSE'S SOCIAL SECURITY & DRIVERS LICENSE#

EMPLOYER, ADDRESS AND PHONE NUMBER

SPOUSE'S EMPLOYER, ADDRESS AND PHONE NUMBER

NAME OF NEAREST RELATIVE, ADDRESS AND PHONE NUMBER