

Initial Application Date:	ation Date: Application #			
			CU#	
Central Permitting 420 McKinney	Pkwy, Lillington, NC 27546	IDENTIAL LAND USE APPLICA Phone: (910) 893-7525 ext:2	ATION	
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION				
LANDOWNER: Ted BROW				
City:	State: Zip: Con	ntact No: 910890086	Email:	
APPLICANT: Livition Wester Mailing Address: 614 Loslie Rd Sprind NC City: So where State: Zip: 2733 Contact No: Email:				
City: So where!	State: Net Zip: 2733 Con	ntact No:	Email:	
ADDRESS: 26 Silver La				
Zoning: Flood: Deed Book / Page: Setbacks - Front: Back: Side: Z8				
	Side: / Corner:	<u>d</u>		
PROPOSED USE:		,		Stem Wall Monolithic
SFD: (Size 74 x 64) # Bedrooms: 3 # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab: Slab: TOTAL HTD SQ FT 3 GARAGE SQ FT 3 (Is the bonus room finished? (V) yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)				
Modular: (Sizex) # 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)				
□ Duplex: (Sizex) No. Bui	ildings: No. Ber	drooms Per Unit:	TOTAL HTD S	SQ FT
☐ Home Occupation: # Rooms:	Use:	Hours of Operation:		#Employees:
☐ Addition/Accessory/Other: (Size	x) Use:		Closets in a	ddition? () yes () no
TOTAL HTD SQ FT	GARAGE			
Water Supply:CountyExisting 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 () no				
			Other /see	scif.A:
Structures (existing or proposed): Single f		Manufactured Homes:		
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.				
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Signature of Owner or Owner's Agent

Signature of Owner or Owner's Agent

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

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