

Initial Application Date: 6.16.2022 Application#___ CU#_ COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION 108 E. Front Street, Lillington, NC 27548 Phone: (910) 893-7525 ext:2 Fax: (910) 893-2793 www.harnell.org/permits Central Permitting "A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION* LANDOWNER: Caviness & Cates Builidng and Development Co Mailing Address: 639 Executive Place Ste 400 State: NC Zip: 28305 Contact No: (910) 778-7902 Email: pam@cavinessandcates.com City: Fayetteville ___ Mailing Address:__ APPLICANT': same as above City: State: Zip: Please fill out applicant Information if different than landowner ___ Email: ____ ADDRESS: 321 Timber Skip Or. Sprindake PIN: 0505 · 83-2701 · 000 Zonling: RA-20R Flood: Watershed: NA Deed Book / Page: UNS.0764 Setbacks - Front: 35.5 Back: 25.5 Side: 11 Corneri PROPOSED USE: □ SFD: (Size 56 x 38) # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): Garage: Deck: Crawl Space: V Slab: TOTAL HIDISCITAL 2695GRAGE SQ HT 501 (Is the bonus room finished? (yes () no w/a closel? () yes () no (if yes add in with # bedrooms) ☐ Modular; (Size ______) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___ ______ (is the second floor finished? (__) yes (__) no Any other site built additions? (__) yes (__) no TOTAL HTD SQ FT 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 RT Home Occupation: # Rooms: Use: Hours of Operation: Addition/Accessory/Other: (Size ___x___) Use:______ Closets in addition? (__) yes (__) no GARAGE TOTAL HTD SQ FT _) *Must have operable water before final Does the property contain any easements whether underground or overhead (__) yes _______ no ___ Manufactured Homes:___ Other (specify): Structures (existing of proposed): Single family dwellings: If permits are grapted 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 folegoing 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 COLL Signature of Owner or Owner's Agent

Signature of Owner's Agent

Signature o

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

APPLICATION CONTINUES ON BACK

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