

ilitiai Application Date. 8/3	0/2022			Application #	
				CU#	
Central Permitting 420 M		HARNETT RESIDENTIAL L NC 27546 Phone: (910)		ATION	
** A DECODDED SIIDVEY N	MAD DECODDED DEED (OD (OFFER TO PURCHASE) & SITE F	I AN ADE DECILIDED	WHEN SURMITTING A LAI	IN LISE ADDI ICATION**
A RECORDED SORVET	MAF, RECORDED DEED (OR C	offer to forchase, a site i	LAN ARE REQUIRED	WHEN SOBMITTING A LAI	ID USE AFFEIGATION
LANDOWNER: Mattamy Hom	es LLC	Mailing Add	ress:1100	00 Regency Pkwy	
City: Cary	State: <u>NC</u> Zip: 27	518 Contact No: 919	<u>2333886</u> Email:	Raleigh PlanReviev	v@mattamycorp.com
APPLICANT*:		Mailing Address:		-	
City:		o: Contact No:		Email:	
*Please fill out applicant information if	different than landowner				
ADDRESS: 23 Kingsfor	<u>d Lane, Fuquay Varina, N</u>	NC 27526	PIN:	0652-56-8887.000	
Zoning: Flood:	Watershed:	Deed Book / Page	·		
Setbacks – Front: 36' I	Back: 46.7' Side	: <u>27.5' and 7'</u> Co	rner:		
PROPOSED USE:					
• SFD: (Size <u>64.33' x 39.5'</u>	\#Dadwaana,	2.5. Decement/w/we had	h), C	Deals are Carried Co	Monolithic
TOTAL HTD SQ FT 3185 GAR					
TOTAL TITLE CONT. O100 CAR	7102 001 1 001 (10 th	le bollas room illilonea : (, yee (<u>110</u>) 110 w/ (2 01000t: (<u></u>) y 00 (<u></u>) 110	(ii yoo ada iii wiiii ii boalooiiio
☐ Modular: (Sizex	_) # Bedrooms # Bath	s Basement (w/wo bath) Garage:	Site Built Deck:	On Frame Off Frame
TOTAL HTD SQ FT	(Is the secon	nd floor finished? () yes () no Any other	site built additions? (_	_) yes () no
☐ Manufactured Home:S\	NDWTW (Size_	x) # Bedrooms	s: Garage:	_(site built?) Deck:_	(site built?)
☐ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per U	nit:	TOTAL HTD S	Q FT
☐ Home Occupation: # Rooms	:: Use:	Hour	s of Operation:		#Employees:
☐ Addition/Accessory/Other: (\$	Size x) Use:			Closets in a	ddition?() yes () no
TOTAL HTD SQ FT					\ <u></u> ,
TOTAL TITLE OQ TT	OAIVOL	 			
Water Supply: <u>yes</u> County					
Sewage Supply: New Septi		(Need to Complete New We Relocation Existing		<mark>e same time as New Ta</mark> l es County Sewer	<mark>ık</mark>)
	nmental Health Checklist	on other side of application i	f Septic)		() you (no) no
			,) of tract listed above?	() yes (<u>110</u>) 110
Does the property contain any ea	G	, , , , ,	(/		
Structures (existing or proposed):	Single family dwellings:	yes Manuf	actured Homes:	Other (s	specify):
If permits are granted I agree to of I hereby state that foregoing state					
i nereby state that foregoing state	ments are accurate and c	onectio the best of my knot	vieuge. Peimii sul	•	тионнацон is provided.
	Signature of Owner or O	wner Agent		8/30/2022 Date	
***It is the owner/applicants res	sponsibility to provide th	ne county with any applica	<mark>ble information al</mark>	out the subject prope	rty, including but not limited

'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**

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