

| Initial Application Dat | te: <u> </u> | | | | Applicatio | on # | |
|--|-----------------------|---|---------------------------|-------------------------|-------------------|-------------------|---|
| | | | | | | <u> </u> | |
| Central Permitting | 420 McKinne | y Pkwy, Lillington, NC | 27546 Phone: | (910) 893-7525 6 | ext:1 Fax: | (910) 893-2793 | www.harnett.org/permits |
| **A RECORDE | D SURVEY MAP, REC | ORDED DEED (OR OFFE | ER TO PURCHASE) & | SITE PLAN ARE RE | EQUIRED WHEN | SUBMITTING A LAN | ID USE APPLICATION** |
| LANDOWNER: Mat | ttamy Homes LLC | | Mailing | g Address: | 11000 Reg | jency Pkwy | |
| City: <u>Cary</u> | State | e: <u>NC_</u> Zip: <u>27518</u> | Contact No: | 9192333886 | _Email: <u>Ra</u> | leigh_PlanReviev | v@mattamycorp.com |
| APPLICANT*: | | Ма | iling Address: | | | | |
| City: *Please fill out applicant ir | | | Contact N | 0: | En | nail: | |
| ADDRESS: 42 | 2 Kingsford Lane, | Fuquay Varina, NC 2 | 27526 | PIN: | 065 | 2-56-6895.000 | |
| Zoning:F | lood: | Watershed: | Deed Book / | Page: | | | |
| Setbacks – Front: | <u>_36'</u> Back: | <u>49'</u> Side: | 17.8' and 16.2' | Corner: | | | |
| PROPOSED USE: | | | | | | | |
| 4. SFD: (Size 62' | x 38') # Bedroom | ıs: 5 # Baths: 3 Ba | asement(w/wo bath | i): no Garage: v | ves Deck: no | o Crawl Space: r | Monolithic no_Slab:noSlab:_yes |
| | | | | | | | (if yes add in with # bedrooms |
| | | | | | | | |
| Modular: (Size | | | - | | - | | On FrameOff Frame |
| | | | | yes () no -Ai | | | _) yes () no |
| Manufactured Ho | me:SWD | WTW (Size | x) # Bed | rooms: Gar | age:(site l | built?) Deck:_ | (site built?) |
| Duplex: (Size | x) No Bui | ldings: | No Bedrooms | Per I Init [.] | | | Q FT |
| | | | | | | | |
| Home Occupation | n: # Rooms: | Use: | | Hours of Operati | ion: | | #Employees: |
| Addition/Accessor | ry/Other: (Size | x) Use: | | | | Closets in a | ddition? () yes () no |
| TOTAL HTD SQ FT | | GARAGE | | | | | |
| | | | | | | | |
| Water Supply: <u>yes</u> | County | | New Well (# of dw | | | | |
| Sewage Supply: | | Expansion | RelocationE | xisting Septic Tar | | | <u>ik</u>) |
| (Comp) Does owner of this trac | | Health Checklist on of that contains a manu | | | eet (500') of tr | act listed above? | () yes (<u>no</u>) no |
| Does the property cont | tain any easements | whether undergroun | d or overhead (<u>ye</u> | | no | | |
| Structures (existing or | proposed): Single f | amily dwellings: | yesN | Ianufactured Hon | mes: | Other (s | specify): |
| If permits are granted I | agree to conform | to all ordinances and | laws of the State o | f North Carolina r | egulating such | h work and the sp | ecifications of plans submitted information is provided. |
| _ | - Augh | new kno | 12 | | | 9/9/2022 | |
| | licants responsib | | ounty with any ap | | | ne subject prope | rty, including but not limited |
| to: boundary info | inc | orrect or missing in | formation that is o | contained within | these applic | ations.*** | e not responsible for any |
| | <mark>*This ap</mark> | plication expires 6 r | nonths from the i | nitial date if perr | nits have not | been issued** | |

strong roots • new growth