

Initial Application Date:	Application #			
·	Pkwy, Lillington, NC 27546	, ,	Fax: (910) 893-2793 w	0.
A RECORDED SURVEY MAP, RECO	RDED DEED (OR OFFER TO PL	JRCHASE) & SITE PLAN ARE REQUIREI	O WHEN SUBMITTING A LAND U	JSE APPLICATION
LANDOWNER: DFC VILLAGE AT TOV	VNE LAKE, LLC	Mailing Address: 1300 SAW	GRASS VILLAGE CIRCI	LE , STE 2
City: PONTE VEDRA BEACH	State: FL Zip: 32082	Contact No: <u>770-656-4612</u>	Email: Nick.Carlson@	dfcapitalmanagement.com
APPLICANT*: DAVIDSON HOMES, LL	<u>.C- RALEIGH</u> Mailing Ad	dress:1903 N. HARRISON A	AVE SUITE 200	
City: CARY *Please fill out applicant information if different that	State: NC Zip: 27513	Contact No: 984-217-8561	Email: chowell@david	dsonhomesllc.com
ADDRESS: 121 CASTLE POND WAY				
Minimal	Southern Coastal	eed Book / Page: 4196 : 2144-21		
Setbacks – Front: 35' Back: 25'				
PROPOSED USE:		· <u></u>		
SFD: (Size 42'-6"x62') # Bedrooms TOTAL HTD SQ FT 2555 GARAGE SQ F	T 449 (Is the bonus room	n finished? (X) yes () no w/ a d	closet? () yes (X) no (if y	yes add in with # bedrooms)
☐ Modular: (Sizex) # Bedro				
TOTAL HTD SQ FT	(Is the second floor finis	sned? () yes () no Any otne	er site built additions? () y	/es () no
□ Manufactured Home:SWDW	!TW (Sizex) # Bedrooms: Garage:	(site built?) Deck:	_(site built?)
□ Duplex: (Sizex) No. Build	lings:No.	Bedrooms Per Unit:	TOTAL HTD SQ F	<u>-T</u>
☐ Home Occupation: # Rooms:	Use:	Hours of Operation:		#Employees:
□ Addition/Accessory/Other: (Size	_x) Use:		Closets in addit	ion? () yes () no
TOTAL HTD SQ FT G/	ARAGE			
Water Supply: X County Existing Sewage Supply: X New Septic Tank (Complete Environmental H Does owner of this tract of land, own land the	(Need to C Expansion Reloca lealth Checklist on other sident nat contains a manufactured	complete New Well Application at the tionExisting Septic Tank de of application if Septic) d home within five hundred feet (50	e same time as New Tank) _ County Sewer	
Does the property contain any easements v	vhether underground or ove	erhead () yes () no		
Structures (existing or proposed): Single far	mily dwellings:	Manufactured Homes:	Other (specify)):
If permits are granted I agree to conform to I hereby state that foregoing statements are	e accurate and correct to the	e best of my knowledge. Permit su		
Lelinda Kusll	DAVIDSON HOMES RALEIGH PERMITTING COORDINATOR of Owner or Owner's Age		08/15/23 Date	
It is the owner/applicants responsibili to: boundary information, house loc incol	ity to provide the county vertion, underground or over rrect or missing information	with any applicable information a	bout the subject property nty or its employees are no applications.	

APPLICATION CONTINUES ON BACK

strong roots • new growth