

Initial Application Date:	1/12/2024		Application #			
Central Permitting	COUNTY OF H 420 McKinney Pkwy, Lillington, I RVEY MAP, RECORDED DEED (OR O		(910) 893-7525	ext:1 Fax: (910)	893-2793	www.harnett.org/permits
	y Homes LLC					
City: Cary	State: <u>NC</u> Zip: <u>275</u>	18 Contact No:	9192333886	_Email: <u>Raleigh</u>	PlanReview	@mattamycorp.com
APPLICANT*: Mailing Address:						
	State:Zip: ation if different than landowner	Contact No	:	Email:		
ADDRESS:234 Da	avinhall Drive, Fuquay Varina, N	NC 27526	PIN:	0652-56-	8344.000	
Zoning: Flood	d: Watershed:	Deed Book / P	age:			
Setbacks – Front: 36.	<u>0'</u> Back: <u>38.6'</u> Side	e:6.0' and 24.5'	Corner:_	,		
TOTAL HTD SQ FT 2007	39.5') # Bedrooms: <u>3</u> # Baths: <u></u> GARAGE SQ FT 446 (Is the	e bonus room finished?	? () yes (<u>no</u>)	no w/ a closet? (_)	yes (_) no (if yes add in with # bedrooms)
·	x) # Bedrooms # Baths (Is the second		-	-		
Manufactured Home:	SWDWTW (Size) No. Buildings:	x) # Bedro	ooms: Gar	age:(site built?_) Deck:	_(site built?)
Home Occupation: # F	Rooms:Use:		Hours of Operati	ion:		_#Employees:
Addition/Accessory/Of TOTAL HTD SQ FT	ther: (Sizex) Use: GARAGE				Closets in add	dition? () yes () no
Water Supply: <u>yes</u> C	County Existing Well					ble water before final
Sewage Supply: Nev	v Septic Tank Expansion	(Need to Complete Nev RelocationEx	w Well Applications well application well applies the second seco	on at the same time nk <u>yes</u> County	<mark>as New Tanl</mark> Sewer	<mark><</mark>)
(Complete) Does owner of this tract of	Environmental Health Checklist o land, own land that contains a ma	<mark>n other side of applica</mark> anufactured home withi	<mark>tion if Septic)</mark> n five hundred f	eet (500') of tract list	ted above? () yes (<u>no</u>) no
Does the property contain a	any easements whether undergro	und or overhead (<u>yes</u>	<u>) yes ()</u> ı	no		
Structures (existing or prop	osed): Single family dwellings:	yes Ma	anufactured Hor	nes:	Other (sp	pecify):
	ee to conform to all ordinances ar g statements are accurate and co Arphosphere by Signature of Owner or Ow	orrect to the best of my			ation if false	
	nts responsibility to provide the ation, house location, undergro	e county with any app und or overhead ease	ements, etc. Th	ation about the sub e county or its emp	ployees are	

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