

4/20/20

Initial Application Date:	<u></u>	Application # _	
Central Permitting 108 E. F	COUNTY OF HARNETT Front Street, Lillington, NC 27546	RESIDENTIAL LAND USE APPLICATION Phone: (910) 893-7525 ext:2 Fax: (910)	CU#893-2793 www.harnett.org/permits
		JRCHASE) & SITE PLAN ARE REQUIRED WHEN SUBM	ITTING A LAND USE APPLICATION**
LANDOWNER: Joseph E & S	Suzanne S. Langley	Mailing Address: 282 Kirk Adam	
City: Angier	State: N Zip: 275	Contact No: (919)-868-3900 Email:	bowlady@me.com
APPLICANT*: Suzanne Lang		-	
City:	State: Zip:Zip:	Contact No: (919)-868-3900 Email: _	bowlady@me.com
ADDRESS: 282 Kirk Adams	Road	PIN: 0693-51-5024.000	
DASO	Watershed: De	985-0934	
Setbacks - Front:	Back:Side:	Corner:	
SFD: (Size 2/x 26) # Bed	frooms:# Baths: Basemer	nt(w/wo bath):Garage:Deck:Cr	awl Space Slab Slab Slab
SFD: (Size 2/x 26) # Bec (Is the	irooms# Baths Basemer	nt(w/wo bath):Garage:Deck:Cr) no_w/ a closet? () yes () no (if yes a nt (w/wo bath)Garage:Site Built Dect () no_Any other site built additions? () ye	c On FrameOff Frame
SFD: (Size 2/x 26) # Bed (Is the Mod: (Size x) # Bed (Is the	rooms # Baths Basemer	no_w/ a closet? (yes no (if yes a	od in with # bedrooms) k: On FrameOff Frame es () no
(Is the Mod: (Sizex) # Bec (Is the	bonus room finished? (X) yes (irooms# Baths Basemer second floor finished? () yes (_DWTW (Sizex	nt (w/wo bath) Garage: Site Built Deci	od in with # bedrooms) k: On Frame Off Frame is () no
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SFD: (Size 2/x 26) # Bed (Is the (Is the Sizex) # Bed (Is the Late of the Company) # Bed (Is the Company) # Bed (Is the Late of the Company) # Bed (Is the Company) # Bed (Is the Late of the Company) # Bed (Is	bonus room finished? (X) yes (lirooms# Baths Basemer second floor finished? () yes (x	no w/ a closet? (yes (no (if yes and it (w/wo bath) Garage: Site Built Deck () no Any other site built additions? () yes () # Bedrooms: Garage:(site built? Bedrooms Per Unit: Hours of Operation:	od in with # bedrooms) C
SFD: (Size	bonus room finished? (X) yes (frooms# Baths Basemer second floor finished? () yes (_DWTW (Sizex Buildings: No. _Use: Luse: Existing Well New Well (cod in with # bedrooms)
SFD: (Size	bonus room finished? (X) yes (Irooms# Baths Basemer second floor finished? () yes (no w/ a closet?	cod in with # bedrooms) cod in with # bedrooms cod i

I hereby state that foregoing 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

Signature of Owner or Owner's Agent Signature of Owner or Owner's Agent ***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**

APPLICATION CONTINUES ON BACK