

Initial Application Date May 28 2020

Application # _____
CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 10E E. Front Street, Lillington, NC 27546 Phone: (910) 893 7525 ext. 2 Fax: (910) 893 2793 www.harnett.org/permits

"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"

LANDOWNER Belkis L. Bovell Mailing Address 129 Bicentennial Way
City Cameron State NC Zip 28326 Contact No _____ Email belkisleiz@hotmail.co

APPLICANT: _____ Mailing Address _____
City _____ State _____ Zip _____ Contact No _____ Email _____
*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: _____
Zoning _____ Flood _____ Watershed _____ Deed Book / Page: _____
Setbacks - Front: _____ Back: Side: _____ Corner: _____

- PROPOSED USE:
- SFD (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/w/o bath) _____ Garage _____ Deck _____ Craw Space _____ Slab _____ Slab _____
(Is the bonus room finished? () yes () no w/o closet? () yes () no (if yes add in with # bedrooms)
 - Mod (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/w/o bath) _____ Garage _____ Site Built Deck _____ On Frame _____ Off Frame _____
(Is the second floor finished? () yes () no Any other site built additions? () yes () no
 - Manufactured Home SW DW TW (Size _____ x _____) # Bedrooms _____ Garage _____ (site built?) Deck _____ (site built?)
 - Duplex (Size _____ x _____) No Buildings _____ No Bedrooms Per Unit _____
 - Home Occupation # Rooms _____ Use _____ Hours of Operation _____ # Employees _____
 - Addition/Accessory/Other (Size 10' x 22') Use Back Porch Closets in addition? () yes () no

Water Supply County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Does owner of this tract of land own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes () no

Does the property contain any easements whether underground or overhead () yes () no

Structures (existing or proposed) Single family dwellings _____ Manufactured Homes: Other (specify) _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. 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.

Belkis L. Bovell _____ May 28 2020
Signature of Owner or Owner's Agent Date

It is the owner/applicant's 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

strong roots · new growth