



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 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: James C and Kimberly A. Elmore Mailing Address: 40 Farmridge Ct.
City: Angler State: NC Zip: 27501 Contact No: 919-880-4415 Email: coibye@hotmail.com

APPLICANT*: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: 40 Farmridge Ct. PIN: 0662-77-1027,000

Zoning: RES Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: 35' Back: 25' Side: 10' Corner: 20'

PROPOSED USE:

- SFD: (Size ___x___) # Bedrooms: ___ # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: ___ Slab: ___ Monolithic
Mod: (Size ___x___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
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 14 x 30) Use: Swimming Pool Closets in addition? () yes () no

Water Supply: X County ___ Existing Well ___ New Well (# of dwellings using well _____) *Must have operable water before final
Sewage Supply: ___ New Septic Tank ___ Expansion X Relocation ___ Existing Septic Tank ___ County Sewer

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 (X) no
Structures (existing or proposed): Single family dwellings: X 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.

Signature of Owner or Owner's Agent: James C Elmore Date: 8/11/20

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**