| Initial Application Date: | | | Appl | | |
|---|---|--------------------------|-----------------------------|----------------------------|---------------------------------------|
| | COUNTY OF F | IARNETT RESIDENTIAL | LAND USE APPLI | CATION | |
| Central Permitting 1 | 08 E. Front Street, Lillington, No. | C 27546 Phone: (910 |) 893-7525 ext:2 | Fax: (910) 893-2793 | www.harnett.org/permits |
| **A RECORDED SURV | EY MAP, RECORDED DEED (OR OF | FER TO PURCHASE) & SITE | PLAN ARE REQUIRED | WHEN SUBMITTING A LA | ND USE APPLICATION** |
| LANDOWNER: WOM2 DEV | ELOPERS LLC | Mailing Ad | dress: 2785 RAVE | N ROCK RD | * * * * * * * * * * * * * * * * * * * |
| City: LILLINGTON | State: NC Zip: | 27546 Contact No: 9 | 19-777-4379 | Email: | J |
| | | | | | |
| APPLICANT*: | RSON NC zip: | Aailing Address:9 | 10-895-0877 | | |
| City:*Please fill out applicant information | on if different than landowner | Contact No: | | Email: | |
| | EJ WOMACK | | _ | "919-777-4379 | 9 |
| CONTACT NAME APPLYING | G IN OFFICE: EJ WOMACK |): | t | Pnone # | |
| PROPERTY LOCATION: Su | bdivision: | | | Lot #: | Lot Size: |
| | State Road Name: | | | | |
| Parcel: | | PIN: | | | |
| Zoning:Flood Zon | ne:Watershed: | Deed Book & Page:_ | | Power Company*: | |
| | ss Energy as service provider ne | | | | |
| | | | | | |
| PROPOSED USE: | | | | | Monolithic |
| SFD: (Sizex | _) # Bedrooms: # Baths: (Is the bonus room finished? (| | | | |
| | (is the bonus room linished? (|) yes () no wa a ci | oset: () yes (|) no (ii yes add in with | , podrodnoj |
| ✓ Mod: (Size 28 x 56 |) # Bedrooms 3 # Baths 2 | _ Basement (w/wo bath)_ | Garage: S | ite Built Deck: O | n Frame Off Frame_ |
| | (Is the second floor finished? | () yes () no Any | other site built additi | ons? () yes () no | |
| ☐ Manufactured Home: | SWDWTW (Size | x) # Bedroo | ms: Garage: | (site built?) Deci | k:(site built?) |
| ☐ Duplex: (Sizex_ |) No. Buildings: | No. Bedrooms Pe | r Unit: | | |
| ☐ Home Occupation: # Ro | ooms:Use: | Hc | urs of Operation: | | #Employees: |
| | | | | Clasata in | addition? () you () no |
| ☐ Addition/Accessory/Oth | er: (Sizex) Use: | | | Closets III | addition: () yes () no |
| Water Supply: Count | y Existing Well | New Well (# of dwellings | using well |) *Must have operak | ole water before final |
| Sewage Supply: New | Septic Tank (Complete Checkl | list) Existing Sept | ic Tank (<i>Complete</i> (| Checklist) Cour | ity Sewer |
| Does owner of this tract of la | and, own land that contains a ma | anufactured home within | five hundred feet (50 | 00') of tract listed above | 9? () yes () no |
| Does the property contain ar | ny easements whether undergro | ound or overhead () ye | es () no | | |
| Structures (existing or propo | osed): Single family dwellings: | Manufa | ctured Homes: | Other (s | pecify): |
| | | | | | |
| Required Residential Prop | | Comments: | | | |
| Front Minimum | | | | | |
| Rear | | | | | |
| Closest Side | | | | | |
| Sidestreet/corner lot | Annual | - | | | |
| Nearest Buildingon same lot | | Page 1 or | • | | 03/11 |
| Danielantial ! | and the Annionties | Paga 1 o | / | | UO/ 1 |

Application # ___

| TOLK - FROM EILLINGTON: |
|---|
| to South River Rd Approx 10 miles Lot to the Right |
| If permits are granted 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's Agent Date |

^{***}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**