

Harnett	
Initial Application Date: 3/26(2) 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.harn	nett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION	
LANDOWNER: Mark 3, Deleve Allan Mailing Address: 1332 Haves RD	
City: Offing lake State: NC Zip: 2830 Contact No: 910 495 4246 Email: Mark ac allow &	86 @ Yohoo.con
APPLICANT*: Mank Allew Mailing Address: 1332 Hayos Rd	
City: State: No. Zip: 18390 Contact No. 910 495 43.46 Email: Mark, allen 80 *Please fill out applicant information if different than landowner	6@ Yakoo
ADDRESS: 1332 Levy es Rd	
Zoning: Flood: Watershed: Deed Book / Page:	
Setbacks - Front: Back: Side: Corner:	
PROPOSED USE:	
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: (Is the bonus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)	
(is the bonds room minutes	_
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo 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:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)	uilt?)

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.

Manufactured Homes:

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

Signature of Owner or Owner's Agent

Does the property contain any easements whether underground or overhead ($\underline{\hspace{0.2cm}}$) no

Duplex: (Size ____x___) No. Buildings: _____ No. Bedrooms Per Unit:_

Addition/Accessory/Other: (Size 25 x 25) Use: Pool W LOX O

(Complete Environmental Health Checklist on other side of application if Septic)

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

Home Occupation: # Rooms: Use:

Structures (existing or proposed): Single family dwellings:

_Closets in addition? (___) yes (___) no

) *Must have operable water before final

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.

Hours of Operation:

*This application expires 6 months from the initial date if permits have not been issued**

APPLICATION CONTINUES ON BACK