



Initial Application Date: 5-13-21

Application # 13RES2105-0042

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: Chad Furne Mailing Address: 168 Sherwood Lane Sanford, NC
City: Sanford State: NC Zip: 27332 Contact No: 910-257-8861 Email: 27332
APPLICANT*: Chad Furne Mailing Address: 168 Sherwood Lane Sanford, NC
City: Sanford State: NC Zip: 27332 Contact No: Same Email: Same
*Please fill out applicant information if different than landowner
ADDRESS: 168 Sherwood Lane Sanford, NC 27332 PIN: _____

Zoning: _____ Flood: _____ Watershed: 199 Deed Book / Page: _____

* Setbacks - Front: 10 ft Back: 3 ft Side: 19 ft Corner: 11 ft Flags in ground for pool

PROPOSED USE:

SFD: (Size x) # Bedrooms: # Baths: Basement (w/w/o bath): Garage: Deck: Crawl Space: Slab: Slab: Monolithic
TOTAL HTD SQ FT GARAGE SQ FT (Is the bonus room finished? yes no w/ a closet? yes no (If yes add in with # bedrooms)

Modular: (Size x) # Bedrooms # Baths Basement (w/w/o bath) Garage: Site Built Deck: On Frame Off Frame
TOTAL HTD SQ FT (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: TOTAL HTD SQ FT

Home Occupation: # Rooms: Use: Hours of Operation: #Employees:

Addition (Accessory) Other: (Size 12 x 24) Use: Rectangle Inground pool Closets in addition? yes no
TOTAL HTD SQ FT GARAGE

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.

X Chad Furne Signature of Owner or Owner's Agent 5/11/21 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**

APPLICATION CONTINUES ON BACK

strong roots • new growth



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

X *Carl E...*
Signature of Owner/Contractor/Officer(s) of Corporation

3 MAY 21
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: *Kenneth Stephens* Date: 05/03/21