



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Angela Elliott Mailing Address: 546 NC 55 W

City: Coats State: NC Zip: 27521 Contact No: 910-814-7555 Email: ahelliott309@gmail.com

APPLICANT*: Smith Woodworks Inc./Brandon Smith Mailing Address: 1607 Clayhole Rd.

City: Dunn State: NC Zip: 28334 Contact No: 910-890-2923 Email: scbbsmith@yahoo.com

*Please fill out applicant information if different than landowner

ADDRESS: 546 NC 55 W Coats, NC 27521 PIN: _____

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

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE: Renovation of existing floor plan and master suite addition

Monolithic
SFD: (Size ___ x ___) # Bedrooms: 2 # Baths: 2-1/2 Basement(w/wo bath): ___ Garage: X Deck: ___ Crawl Space: X Slab: ___ Slab: ___
TOTAL HTD SQ FT 3041 GARAGE SQ FT 541 (Is the bonus room finished? () yes (x) no w/ a closet? () yes () no (if yes add in with # bedrooms)

Modular: (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo 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 30 x 36) Use: Master bedroom suite Closets in addition? (x) yes () no

TOTAL HTD SQ FT 1183 GARAGE 22x44 COVERED PATIO 10x44 FRONT PORCH

Water Supply: X 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 X 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 (X) no

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

Structures (existing or proposed): Single family dwellings: 1 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

Date 6/24/2021

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**