

Initial Application Date: _____

Application #: _____

CL#: _____

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: Patricia Nuss / Carl Mosier Mailing Address: 810 Wise Rd
 City: Dunn State: NC Zip: 28334 Contact No: 917-327-5964 Email: nussp@yahoo.com

APPLICANT: Jorge Triana Mailing Address: 5509 Trekwood Dr.
 City: Gurner State: NC Zip: 27529 Contact No: 919 221 9556 Email: JORVALPROPERTIES@gmail.com
 *Please fill out applicant information if different than landowner

ADDRESS: 810 Wise Rd. Plt: _____

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

Setbacks - Front: 293 Back: 192 Side: 74 Corner: 75

PROPOSED USE:

SFD: (Size ___x___) # Bedrooms: ___ # Baths: ___ Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: ___ Slab: ___
 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/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 30) Use: Storage Closets in addition? () yes (X) no
 TOTAL HTD SQ FT _____ GARAGE 900 sq. ft.

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 (X) no

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

Structures (existing or proposed): Single family dwellings: Manufactured Homes: _____ Other (specify): Garage/Shed

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.

Patricia Nuss Carl Mosier
 Signature of Owner or Owner's Agent

6/24/22
 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.

Patricia Nuss Camp Smith
Signature of Owner/Contractor/Officer(s) of Corporation

6/24/22
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: _____ Date: _____