

## RESIDENTIAL LAND USE APPLICATION

{ SITE ADDRESS: 18 TWIN OAKS DRIVE PIN: \_\_\_\_\_  
LANDOWNER: Ashley REID Mailing Address: 18 TWIN OAKS DRIVE  
City: Angier State: NC Zip: 27501 Phone: (919) 812-4678 Email: aburtonreid55@gmail.com

\*Please fill out applicant information if different than landowner.

APPLICANT: Ashley Reid Mailing Address: 18 TWIN OAKS DRIVE  
City: Angier State: NC Zip: 27501 Phone: (919) 812-4678 Email: aburtonreid55@gmail.com

### PROPOSED USE:

☒ **Single Family Dwelling:** (Size \_\_\_\_x\_\_\_\_) # Bedrooms: \_\_\_\_ # Baths: \_\_\_\_ Garage: Attached, Detached Accessory: Deck, Patio, Porch  
(Circle One) (Circle One)

TOTAL HTD SQ FT: \_\_\_\_\_ GARAGE SQ FT: \_\_\_\_\_ Foundation Type: Crawl Space ☐ Stem Wall ☐ Mono Slab ☐ Basement ☐

☐ **Modular:** (Size \_\_\_\_x\_\_\_\_) # Bedrooms: \_\_\_\_ # Baths: \_\_\_\_ Garage: Attached, Detached Accessory: Deck, Patio, Porch  
(Circle One) (Circle One)

TOTAL HTD SQ FT: \_\_\_\_\_

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size \_\_\_\_x\_\_\_\_) # Bedrooms: \_\_\_\_ Garage: Attached, Detached Accessory: Deck, Patio  
(Circle One) (Circle One)

ZONING: \_\_\_\_\_

☐ **Duplex:** (Size \_\_\_\_x\_\_\_\_) # Buildings: \_\_\_\_\_ # Bedrooms Per Unit: \_\_\_\_\_ TOTAL HTD SQ FT: \_\_\_\_\_

☒ **Addition/Accessory/Other:** (Size 22 x 20) Use: Master Bed Room For 1<sup>st</sup> Floor

### UTILITIES:

**Water Supply:** County ☒ Existing Well ☐ New Well (# of dwellings using well \_\_\_\_\_) ☐

**Sewage Supply:** New Septic Tank ☐ Expansion ☐ Relocation ☒ Existing Septic Tank ☐ County Sewer ☐

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

### GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? 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 the 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

9/5/25  
Date

\*\*\*Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.\*\*\*

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