

Initial Application Date:	Application #
COUNTY OF H Central Permitting 420 McKinney Pkwy, Lillington,	IARNETT RESIDENTIAL LAND USE APPLICATION  NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits
	OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION™
City: ANGIER State: NC Zip	Mailing Address: 1215 LARSON GREBORY RD. 2750 Contact No: 9/0-984-4704 Email: JAy. Smint 4705 @ Com
APPLICANT*: CLEARWATER POOLS Mailing Address: 63-102 ANNA DR., CLAY FON	
City: CLA/TOA State: NC Zip *Please fill out applicant information if different than landowner	72757 Dontact No: 919-359-244 Amail: 500 Prous By CLEARW
ADDRESS: 1215 CARSON GREGOR	Ly Anlyse PIN:
Zoning: Flood: Watershed:	Deed Book / Page:
Setbacks - Front: SD'+ Back: 56'+ Side: ZD'-5	Corner: SD +
PROPOSED USE:	i
SFD: (Size 25 x 40 ) # Bedrooms: # Baths: TOTAL HTD SQ FT GARAGE SQ FT (Is the b	Monolithic  Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Slab:  conus room finished? () yes () no w/ a closet? () yes () no (if yes add in with # bedrooms)
☐ Modular: (Sizex) # Bedrooms # Baths	Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame d floor finished? () yes () no Any other site built additions? () yes () no
☐ Manufactured Home:SWDWTW (Size_	x) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:TOTAL HTD SQ FT
☐ Home Occupation: # Rooms: Use:	
	ALCOUND SWIMMING POOL Closets in addition? (_) yes (_) no
TOTAL HTD SQ FT GARAGE	
Sewage Supply: New Septic Tank Expansion (Complete Environmental Health Checklist or	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) Relocation Existing Septic Tank County Sewer n other side of application if Septic) unufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether undergro	und 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 at hereby state that foregoing statements are accurate and do	reculto the State of North Carolina regulating such work and the specifications of plans submitted. reculto the best of my knowledge. Permit subject to revocation if false information is provided.
Signature of Owner or Ow	yner's Agent 9 30 22
to: boundary information, house location, underground incorrect or missing	a county with any applicable information about the subject property, including but not limited and or overhead easements, etc. The county or its employees are not responsible for any information that is contained within these applications.***  6 months from the initial date if permits have not been issued**

**APPLICATION CONTINUES ON BACK** 

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