



Initial Application Date: 2-8-23

Application # BRES2302  
CU# 0015

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 Matthew Porter Mailing Address 155 St. Clair Drive  
City Farmington State NC Zip 27526 Contact No 910-374-4643 Email thomthatter99@gmail.com

APPLICANT: \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact No \_\_\_\_\_ Email \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

ADDRESS \_\_\_\_\_ PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed \_\_\_\_\_ Deed Book / Page: \_\_\_\_\_

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

PROPOSED USE:

SFD (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_ Basement (w/w/o bath) \_\_\_\_\_ Garage \_\_\_\_\_ Deck \_\_\_\_\_ Crawl Space \_\_\_\_\_ Slab \_\_\_\_\_ <sup>Monolithic</sup> 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/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 16) Use Storage Shed 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

Matthew Porter  
Signature of Owner or Owner's Agent

2/6/2023  
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