



Harnett COUNTY

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 Jessica Skinner Mailing Address: 343 twin Ponds rd
City Sanford State NC Zip 27332 Contact No 919-770-5226 Email Jessicanc1986@yahoo.com

APPLICANT: Jessica Skinner Mailing Address: 343 twin Ponds rd
City Sanford State NC Zip 27332 Contact No 919-770-5226 Email Jessicanc1986@yahoo.com
*Please include applicant information if different than landowner

ADDRESS: 343 Twin Ponds Rd PIN: _____

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

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

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 _____ x _____) Use remodel Closets in addition? () yes () no

TOTAL HTD SQ FT 1800 GARAGE NA

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.

Jessica Skinner
Signature of Owner or Owner's Agent

April 03 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