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Application #	

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## **COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION**

Central Permitting

108 E. Front Street, Lillington, NC 27546

Phone: (910) 893-7525 ext:2 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:\_\_\_\_ Mailing Address: State: Zip: Contact No: Email: APPLICANT\*: Mailing Address:\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_ \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #:\_\_\_\_ Lot Size: State Road #\_\_\_\_\_ State Road Name: \_\_\_\_\_ \_\_\_\_\_ Map Book & Page: \_\_\_\_\_/ PIN: Parcel: Zoning:\_\_\_\_\_\_ Flood Zone:\_\_\_\_\_ Watershed:\_\_\_\_\_ Deed Book & Page:\_\_\_\_ / \_\_\_\_Power Company\*: \_\_\_\_\_ PROPOSED USE: Monolithic SFD: (Size \_\_\_\_x \_\_\_) # Bedrooms: \_\_ # Baths: \_\_ Basement(w/wo bath): \_\_\_ Garage: \_\_\_ Deck: \_\_\_ Crawl Space: \_\_\_ Slab: \_\_\_ Slab: \_\_\_ (Is the bonus room finished? (\_\_\_) yes (\_\_\_) no w/ a closet? (\_\_\_) yes (\_\_\_) no (if yes add in with # bedrooms) Mod: (Size \_\_\_\_x \_\_\_) # Bedrooms \_\_\_ # Baths \_\_\_ Basement (w/wo bath) \_\_\_ Garage: \_\_\_ Site Built Deck: \_\_\_ On Frame \_\_\_ Off Frame (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: \_\_\_\_\_ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Closets in addition? ( ) yes ( ) no Addition/Accessory/Other: (Size x ) Use: Water Supply: \_\_\_\_\_ County \_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_\_) \*Must have operable water before final Sewage Supply: \_\_\_\_\_ New Septic Tank (Complete Checklist) \_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer 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):\_\_\_\_\_ **Required Residential Property Line Setbacks:** Comments: Front Minimum\_\_\_\_\_ Actual\_\_\_\_ Rear Closest Side Sidestreet/corner lot

Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:	
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If permits are granted I agree to conform to all ordinances and laws of the State of North C I hereby state that foregoing statements are accurate and correct to the best of my knowle	
Thereby state that foregoing statements are accurate and correct to the best of my knowle	age. Fermit subject to revocation it raise information is provided.
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Signature of Owner or Owner's Agent	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\*\*