



Initial Application Date: 3/26/24

Application # BRES2403-0070

CU# \_\_\_\_\_

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: JOSHUA YEOMAN Mailing Address: 369 CASS LN  
City: LILLINGTON State: NC Zip: 27546 Contact No: \_\_\_\_\_ Email: yeomanjoshua@gmail.com

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

ADDRESS: 1105 TOM MYERS RD PIN: 0507-30-0830-000

Zoning: RA-20R Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: 4013-0343

Setbacks - Front: 35 Back: 25 Side: 10 Corner: \_\_\_\_\_

**PROPOSED USE:**

SFD: (Size \_\_\_\_\_ x \_\_\_\_\_) # Bedrooms: \_\_\_\_\_ # Baths: \_\_\_\_\_ Basement(w/wo bath): \_\_\_\_\_ Garage: \_\_\_\_\_ Deck: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Slab: \_\_\_\_\_ Monolithic 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 56 x 27) # Bedrooms: 3 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: \_\_\_\_\_ 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): PERSONAL STORAGE 50x40

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.

[Signature] \_\_\_\_\_ 2-23-24 \_\_\_\_\_  
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\*\***

APPLICATION CONTINUES ON BACK

strong roots • new growth