



Initial Application Date: 4-10-24

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: Lindsay Johnson Mailing Address: 304 Heathrow Dr

City: Spring Lake State: NC Zip: 28390 Contact No: 936 3719909 Email: _____

APPLICANT: Ross Smith Mailing Address: 3301 Capital Blvd

City: Raleigh State: NC Zip: 27604 Contact No: 919-625-7012 Email: rsmith.backyard@live.com

ADDRESS: 304 Heathrow Dr PIN: _____

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

Setbacks - Front: _____ Back: 10' Side: 9.9' 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 11.7 x 30.4) Use: PCAD 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 and 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 of Owner or Owner's Agent _____ Date 4-15-24

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 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