



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: Emmanuel D. LaBelle Mailing Address: 2026 Shady Grove Rd.

City: Spring Lake State: NC Zip: 28390 Contact No: _____ Email: emmanuel.d.labelle.civ@army.mil

APPLICANT*: _____ (Landowner) Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____

*Please fill out applicant information if different than landowner

ADDRESS: _____ PIN: _____

Zoning: RA-20 Flood: No Watershed: No Deed Book / Page: 4214/2065-2066

Setbacks - Front: 40 Back: 20 Side: 10 Corner: N/A

PROPOSED USE: Cold Storage/Garage

SFD: (Size ___x___) # Bedrooms:___ # Baths:___ Basement(w/wo bath):___ Garage:___ Deck:___ Crawl Space:___ Slab:___ 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 ___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 32 x 40) Use: Cold Storage/Equipment Storage/Garage Closets in addition? () yes (X) no
TOTAL HTD SQ FT GARAGE

Water Supply: ___ County ___ Existing Well N/A 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 (X) no

Structures (existing or proposed): Single family dwellings: Existing SFD Manufactured Homes: None Other (specify): Proposed Cold Storage

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 of Owner or Owner's Agent

10/7/2024

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