



Initial Application Date: 01-06-2025

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: David & Catherine Horn Mailing Address: 34 McIntosh Ct.

City: Fuquay Varina State: NC Zip: 27526 Contact No: 443-497-2741 Email: waterbuoy59@gmail.com

APPLICANT*: Southeast Foundation and Crawlspace Repair LLC Mailing Address: 709 Southwest Blvd

City: Clinton State: NC Zip: 28328 Contact No: 910-490-4163 Email: swarren@sefoundationrepair.com

*Please fill out applicant information if different than landowner

ADDRESS: 16 Starboard Tack. Sanford, NC 27332 PIN: 9595-09-0043

Zoning: RA-20R Flood: Minimal Watershed: [checked] Deed Book / Page: _____

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

PROPOSED USE:

[checked] SFD: (Size _____ x _____) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): _____ Garage: _____ Deck: _____ Crawl Space: [checked] Slab: _____ Slab: _____ Monolithic
TOTAL HTD SQ FT 1634 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: _____

[checked] Addition/Accessory/Other: (Size _____ x _____) Use: Crawlspace Repair Closets in addition? () yes () no
TOTAL HTD SQ FT 1634 GARAGE n/a

Water Supply: [checked] 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 [checked] 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 [checked] no

Does the property contain any easements whether underground or overhead () yes [checked] no

Structures (existing or proposed): Single family dwellings: Existing 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.

Sitiva Warren/Agent
Signature of Owner or Owner's Agent

01-06-2025
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

