



Initial Application Date:

5-19-25

Application #

B12ES2505-0058

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 Brandon Mcsmith Mailing Address 445 Raynor Rd
 City Spring Lake State NC Zip 28390 Contact No (910)303-4848 Email Southernboy0489@yahoo.com

APPLICANT*: _____ Mailing Address _____

City _____ State _____ Zip _____ Contact No _____ Email _____

*Please fill out applicant information if different than landowner

ADDRESS: 445 Raynor Rd Spring lake NC 28390 PIN: 0524-22-5093.000Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: 2904:0169Setbacks - Front: 188 Back: 347 Side: Left-141' Corner: _____PROPOSED USE: Right-15'

☐ SFD (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement(w/o 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/o 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 50 x 35) Use Metal Garage Closets in addition? () yes (X) no

TOTAL HTD SQ FT _____ GARAGE 1750

Water Supply X 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 X 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 (X) no

Does the property contain any easements whether underground or overhead (X) yes () no

Structures (existing or proposed) Single family dwellings 1 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

Brandon Mcsmith
 Signature of Owner or Owner's Agent

5/19/25
 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