

## RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 104 Shepard Dr. PIN: \_\_\_\_\_

LANDOWNER: Corey & Jessica Jacobson Mailing Address: Same

City: Linden State: NC Zip: 28356 Phone: 217-737-1944 Email: jacobsoncorey@yahoo.com

\*Please fill out applicant information if different than landowner.

APPLICANT: Corey Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPOSED USE:

☒ **Single Family Dwelling:** (Size \_\_\_\_ x \_\_\_\_) # Bedrooms: 4 # Baths: 2.5 Garage: Attached, Detached Accessory: Deck, Patio, Porch  
(Circle One) (Circle One)

TOTAL HTD SQ FT: 1250 GARAGE SQ FT: \_\_\_\_\_ Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☒ Basement: ☐

☐ **Modular:** (Size \_\_\_\_ x \_\_\_\_) # Bedrooms: \_\_\_\_ # Baths: \_\_\_\_ Garage: Attached, Detached Accessory: Deck, Patio, Porch  
(Circle One) (Circle One)

TOTAL HTD SQ FT: \_\_\_\_\_

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size \_\_\_\_ x \_\_\_\_) # Bedrooms: \_\_\_\_ Garage: Attached, Detached Accessory: Deck, Patio  
(Circle One) (Circle One)

ZONING: \_\_\_\_\_

☐ **Duplex:** (Size \_\_\_\_ x \_\_\_\_) # Buildings: \_\_\_\_\_ # Bedrooms Per Unit: \_\_\_\_\_ TOTAL HTD SQ FT: \_\_\_\_\_

☒ **Addition/Accessory/Other:** (Size 20' x 35') Use: 628 sq ft Deck

### UTILITIES:

**Water Supply:** County ☒ Existing Well ☐ New Well (# of dwellings using well \_\_\_\_\_) ☐

**Sewage Supply:** New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☒ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

### GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒

Structures (existing or proposed): Single Family Dwellings: X 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 the 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

23 May 2025  
\_\_\_\_\_  
Date

\*\*\*Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.\*\*\*

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