



Initial Application Date: 4.2.25

Application # BRES 2506.0001
DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 ext # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Vivian Prince Dennis Brice Mailing Address: 274- Sunfire Lane
City: Sanford State: NC Zip: 27332 Contact # Vivian D. Prince Email: lola112018@gmail.com

APPLICANT: Vivian D. Prince Mailing Address: P.O. Box 16142
City: Greensboro State: NC Zip: 27411 Contact # 336-681-8590 Email: lola112018@gmail.com

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Vivian D. Prince Phone # As Above
Address: 274 Sunfire Ln PIN: 9579.44-1586

Deed Book Page: 42331300

PROPOSED USE:

- ☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- ☒ Business Sq. Ft. Retail Space: _____ Type: See below # Employees: 3 Hours of Operation: 24 hr.
- ☐ Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- ☐ Industry Sq. Ft.: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- ☐ Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____
- ☐ Accessory/Addition/Other (Size _____ x _____) Use: _____

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)

Comments: Clients will be Mobile
House 4 Clients
Ages 18-16 Mentally + Medical Disability

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.

Vivian Prince
Signature of Owner or Owner's Agent

May 8, 25
Date

This application expires 6 months from the initial date if permits have not been issued

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

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

Environmental Health Department Application for Improvement Permit and/or Authorization to Construct

If the information in this application is falsified, changed, or the site is altered, then the permit shall become invalid. This permit will be valid for 60 months.

☐ **NEW SEPTIC SYSTEM INSPECTION**

- **All property irons must be made visible.** Place pink flags on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **DO NOT GRADE PROPERTY.**



EXISTING TANK INSPECTION

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over **outlet end** of tank, lift lid straight up (*if possible*), and then **put lid back in place.**
Does not apply to septic tank in a mobile home park
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC CHECK LIST

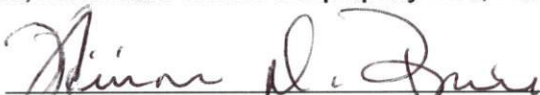
If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- ☐ Accepted ☐ Innovative ☐ Conventional ☐ Any ☐ Alternative
☐ Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES ☐ NO ☐ Does the site contain any jurisdictional wetlands?
- YES ☐ NO ☐ Do you plan to have an irrigation system now or in the future?
- YES ☐ NO ☐ Does or will the building contain any drains? Please explain: _____
- YES ☐ NO ☐ Are there any existing wells, springs, waterlines, or wastewater systems on this property?
- YES ☐ NO ☐ Is any wastewater going to be generated on the site other than domestic sewage?
- YES ☐ NO ☐ Is the site subject to approval by any other Public Agency?
- YES ☐ NO ☐ Are there any easements or rights-of-way on this property?
- YES ☐ NO ☐ Does the site contain any existing water, cable, phone, or underground electric lines?
If yes, please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized County and State Officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.



Signature of Owner or Owner's Agent

6-2-25

Date

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: _____ **PIN:** _____

LANDOWNER: _____ **Mailing Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____ **Email:** _____

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

APPLICANT: _____ **Mailing Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____ **Email:** _____

PROPOSED USE:

☐ **Single Family Dwelling:** (Size ____x____) **# Bedrooms:** ____ **# Baths:** ____ **Garage:** Attached, Detached **Accessory:** Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____ **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 ____x____) Use: _____

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: _____ 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

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.

APPLICATION CONTINUES ON BACK