

## RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 1005 Buffalo Lake Rd PIN: \_\_\_\_\_

LANDOWNER: Robert Havens Mailing Address: 1005 Buffalo Lake Rd

City: Sanford State: NC Zip: 27332 Phone: 910-987-1888 Email: \_\_\_\_\_

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

APPLICANT: Your Dream Home Improvements, LLC Mailing Address: 2317 Hope Mills Rd.

City: Fayetteville State: NC Zip: 28304 Phone: 910-261-6350 Email: info@ydhllc.com

### 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 16 x 29 ) Use: Deck Enlargement

### 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): Deck

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

6/9/2025  
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.\*\*\*

APPLICATION CONTINUES ON BACK

## 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

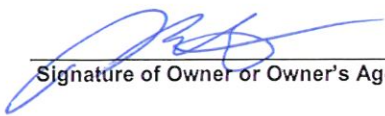
If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- ☐ 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

6/9/2023  
\_\_\_\_\_  
Date



## RESIDENTIAL BUILDING APPLICATION

Site Address: 1005 Buffalo Lake Rd. Sanford NC 27332 PIN: \_\_\_\_\_  
Owner: Robert Havens Phone: 910-987-1888 Email: \_\_\_\_\_  
Description of Proposed Work: Deck Extension Total Job Cost: 14,000

### GENERAL CONTRACTOR INFORMATION

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Your Dream Home Improvements, LLC 910-261-6350  
General Contractor's Company Name Phone  
2317 Hope Mills Rd Fayetteville, NC 28304 info@ydhillc.com  
Address Email  
80101  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps T-Pole: YES ☐ NO ☐  
Electrical Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
License # \_\_\_\_\_

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
License # \_\_\_\_\_

### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Fixtures: \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
License # \_\_\_\_\_

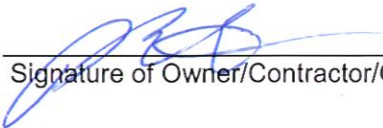
### INSULATION CONTRACTOR INFORMATION

Insulation Contractor's Company Name \_\_\_\_\_ Phone \_\_\_\_\_



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

6/9/2025  
\_\_\_\_\_  
Date

### Affidavit for Worker's Compensation N.C.G.S. 87-14


The undersigned applicant being the:

☒ General Contractor    ☐ Owner    ☐ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,  
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,  
☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,  
☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corporation

6/9/2025  
\_\_\_\_\_  
Date