

Initial Application Date:	Application #
	CU# HARNETT RESIDENTIAL LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington,	
	OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION™
LANDOWNER: OST V. CORNAC	CHIONEMailing Address: 107 LUART DR.
City: LILINGTON State: NCzi	p: 27546 Contact No: 9546637281 Email: V. ATRAMS PORTS TIONS (@)
APPLICANT : JOSE V. CORNACCHI	ONE Mailing Address: 107 JUART DR.
	p: Email:
	PIN: 1526-54-2453
Zoning: Flood: Watershed:	Deed Book / Page:
Setbacks - Front:Back:Side:	Corner:
PROPOSED USE:	Monolithic
-1	Basement(w/wo 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 # Batt	hsBasement (w/wo bath)Garage:Site Built Deck:On FrameOff Frame
	and floor finished? () yes () no Any other site built additions? () yes () no
Manufactured Home:SWTWTW (Size	52 x 2 ()# Bedrooms: 3 Garage: (site built?) Deck: (site built?)
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit: TOTAL HTD SQ FT
☐ Home Occupation: # Rooms: Use:	Hours of Operation:#Employees:
□ Addition/Accessory/Other: (Sizex) Use:_	Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE	
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) Relocation Existing Septic Tank County Sewer
(Complete Environmental Health Checklist	t on other side of application if Septic) nanufactured home within five hundred feet (500') of tract listed above? () yes () no
Does the property contain any easements whether underg	
Structures (existing or proposed): Single family dwellings:	
	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.
Allx Ma	05-18-21.
Signature of Owner or C ***It is the owner/applicants responsibility to provide to	Owner's Agent Date 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

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