



Initial Application Date: 12-3-24

Application # EH2412-0004

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: Pat Agnew Mailing Address: 515 Bumpas Creek Access
City: Dunn State: NC Zip: 28334 Contact No: _____ Email: pat.agnew@hotmail.com

APPLICANT*: Pat Agnew Mailing Address: 515 Bumpas Creek Access
City: Dunn State: NC Zip: 28334 Contact No: _____ Email: pat.agnew@hotmail.com
*Please fill out applicant information if different than landowner

ADDRESS: 154 Stewart Mason Dr. PIN: _____

Zoning: RA20 Flood: _____ Watershed: _____ Deed Book / Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

SFD: (Size ___x___) # Bedrooms: ___ # Baths: ___ Basement(w/w bath): ___ Garage: ___ Deck: ___ Crawl Space: 0 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/w 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 22x46) # Bedrooms: 4 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 ___x___) 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)

Sewage Supply: ___ New Septic Tank ___ Expansion ___ Relocation Existing Septic Tank ___ 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 () 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 foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Pat Agnew Signature of Owner or Owner's Agent Date 12/3/24

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