

	C O U N T Y	
Initial Application Date: 3/21/11	Application	ı#
		CU#
COUNTY OF F Central Permitting 108 E. Front Street, Lillington, I	IARNETT RESIDENTIAL LAND USE APPLICATION NC 27546 Phone: (910) 893-7525 ext:2 Fax: (9	010) 893-2793 www.harnett.org/permits
A RECORDED SURVEY MAP, RECORDED DEED (OR C	FFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN S	SUBMITTING A LAND USE APPLICATION
LANDOWNER: H&H Constructors of Fayette	ville, LLC. Mailing Address: 2919 Breezev	wood Ave. Ste. 400
city: Fayettevillestate: NC _zip		
APPLICANT*: Same As Above	Mailing Address: Same As Above	
City: Fayetteville State: NC Zip*Please fill out applicant information if different than landowner	28303 Contact No: 910-486-4864	Email: Stacysimmons@hhhomes.com
CONTACT NAME APPLYING IN OFFICE: Stacy Simi	mons Phone #	910-486-4864
ADDRESS: 83 Wildlife Pridge Cour	4 PIN: 0505-92-	7372
DEED OR OTP: 3574: 0194		
PROPOSED USE:		
SFD: (Size 40×50) # Bedrooms: $4 \times 20 \times 20$	Basement(w/wo bath): Garage: Deck:	Crawl Space: Slab: Slab:
Mod: (Sizex) # Bedrooms# Baths	() yes () no w/ a closet? () yes () no (if y Basement (w/wo bath) Garage: Site Built () yes () no Any other site built additions? (Deck: On Frame Off Frame
Manufactured Home: SW DW TW (Size_	x) # Bedrooms: Garage:(site b	ouilt? Deck: site built?
Duplex: (Sizex) No. Buildings:	No. Bedrooms Per Unit:	
Home Occupation: # Rooms: Use:	Hours of Operation:	#Employees:
☐ Addition/Accesson/Other: (Size x) Use:	•	Closets in addition? () yes () no

(Need to Complete New Well Application at the same time as New Tank)

New Septic Tank ___ Expansion ___ Relocation __ Existing Septic Tank ___ County Sewer

(Complete Environmental Health Checklist on other side of application if Septic) Sewage Supply: Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? (__) yes Structures (existing or proposed): Single family dwellings: Proposed Other (specify): Manufactured Homes:__ If permits are granted lagree 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 foreigning statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

_ New Well (# of dwellings using well ___

Existing Well __

3/21/19 Date Signature of Owner or Owner's Agent ***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

____) *Must have operable water before final