



Initial Application Date: _____

Application # _____

CU# _____

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext:2 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: Anderson Creek Partners LP Mailing Address: 125 Whispering Pines Dr
City: Spring Lake State: NC Zip: 28390 Contact No: 910-814-2633 Email: traci.turco.11@gmail.com

APPLICANT*: Capitol City Homes LLC (Jason Morrow) Mailing Address: 5711 Six Forks Rd. Sk. 200
City: Raleigh State: NC Zip: 27609 Contact No: 919-872-0048 Email: rlaws@capitolcity-homes.com

*Please fill out applicant information if different than landowner

ADDRESS: 503 Falls Creek Dr. Spring Lake NC 28390 PIN: 0505-92-8990.000

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: 311: 0521

Setbacks - Front: 37' Back: 33.3' Side: 12.3' Side Corner: 14.1'

PROPOSED USE:

SFD: (Size ___ x ___) # Bedrooms: 4 # Baths: 2 1/2 Basement(w/wo bath): ___ Garage: X Deck: X Crawl Space: ___ Slab: Monolithic Slab: X
(Is the bonus room finished? (X) yes () no w/ a closet? (X) yes () no (if yes add in with # bedrooms))

Mod: (Size ___ x ___) # Bedrooms ___ # Baths ___ Basement (w/wo bath) ___ Garage: ___ Site Built Deck: ___ On Frame ___ Off Frame ___
(Is the second floor finished? () yes () no Any other site built additions? () yes () no

Manufactured Home: ___ _SW ___ _DW ___ _TW (Size ___ x ___) # Bedrooms: ___ Garage: ___ (site built? ___) Deck: ___ (site built? ___)

Duplex: (Size ___ x ___) No. Buildings: ___ No. Bedrooms Per Unit: ___

Home Occupation: # Rooms: ___ Use: ___ Hours of Operation: ___ #Employees: ___

Addition/Accessory/Other: (Size ___ x ___) Use: ___ Closets in addition? () yes () no

Water Supply: X 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 X 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: X 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.

Signature of Owner or Owner's Agent

Date 10/29/19

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