



Initial Application Date: _____

Application # SFD 2001-0011

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: Waylon B Buchanan / Jonell R Buchanan Mailing Address: 102 Dawns Brake Court, Surf City NC 28445
City: Surf City State: NC Zip: 28445 Contact No: 910-705-6536 Email: waylon.buchanan@buchananrocking.com

APPLICANT*: Thomas Nash Mailing Address: 3632 Tule Springs Street
City: Raleigh State: NC Zip: 27610 Contact No: 919-438-9817 Email: T.NASH-LLC@GMAIL.COM
*Please fill out applicant information if different than landowner

ADDRESS: 80 Starlight Drive Lillington, NC PIN: _____

Zoning: _____ Flood: _____ Watershed: _____ Deed Book / Page: 826

Setbacks - Front: 4050 Back: 64 Side: 25 Corner: 48

PROPOSED USE:

SFD: (Size 36 x 56) # Bedrooms: 3 # Baths: 2 Basement (w/w/o bath): _____ Garage: _____ Deck: Crawl Space Slab: _____ Slab: _____
(Is the bonus room finished? () yes (x) no w/ a closet? () yes (x) no (if yes add in with # bedrooms))

Mod: (Size _____ x _____) # Bedrooms _____ # Baths _____ Basement (w/w/o 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: 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.

[Signature] Signature of Owner or Owner's Agent Date 1-3-19

*****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