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Application #	

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## **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:\_\_\_\_ Mailing Address: State: Zip: Contact No: Email: APPLICANT\*: Mailing Address:\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_ Contact No: \_\_\_\_\_ Email: \_\_\_\_ \*Please fill out applicant information if different than landowner CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #:\_\_\_\_ Lot Size: State Road #\_\_\_\_\_ State Road Name: \_\_\_\_\_ \_\_\_\_\_ Map Book & Page: \_\_\_\_\_/ PIN: Parcel: Zoning:\_\_\_\_\_\_ Flood Zone:\_\_\_\_\_ Watershed:\_\_\_\_\_ Deed Book & Page:\_\_\_\_ / \_\_\_\_Power Company\*: \_\_\_\_\_ PROPOSED USE: Monolithic SFD: (Size \_\_\_\_x \_\_\_) # Bedrooms: \_\_ # Baths: \_\_ Basement(w/wo bath): \_\_\_ Garage: \_\_\_ Deck: \_\_\_ Crawl Space: \_\_\_ Slab: \_\_\_ Slab: \_\_\_ (Is the bonus room finished? (\_\_\_) yes (\_\_\_) no w/ a closet? (\_\_\_) 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: Closets in addition? ( ) yes ( ) no Addition/Accessory/Other: (Size x ) Use: Water Supply: \_\_\_\_\_ County \_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_\_) \*Must have operable water before final Sewage Supply: \_\_\_\_\_ New Septic Tank (Complete Checklist) \_\_\_\_ Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer 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):\_\_\_\_\_ **Required Residential Property Line Setbacks:** Comments: Front Minimum\_\_\_\_\_ Actual\_\_\_\_ Rear Closest Side Sidestreet/corner lot

Nearest Building on same lot

SPECIFIC DIRECTIONS TO THE	PROPERTY FROM LILLINGTON:		
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I hereby state that foregoing state	onform to all ordinances and laws of the State of N ments are accurate and correct to the best of my k		
<u></u>	raham Johnson Ainsley Johnson Signature of Owner or Owner's Agent	Date	
3	agnature of Owner of Owner's Agent	Date	

\*\*\*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\*\*