

Initial Application Date: _____

Application # _____

CU# _____

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: Sole Source Solution LLC Mailing Address: 5032 Sunset Forest Circle
 City: Holly Springs State: NC Zip: 27540 Contact No: 919 717 9984 Email: Devin@SoleSourceSolution.com

APPLICANT*: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Contact No: _____ Email: _____
 *Please fill out applicant information if different than landowner

ADDRESS: 76 Charter Street PIN: 9595-40-7931

Zoning: Residential Flood: NONE Watershed: NONE Deed Book / Page: 3996 / 316-318

Setbacks - Front: 35' Back: 25' Side: 10' Corner: N/A

PROPOSED USE:

SFD: (Size 36 x 38') # Bedrooms: 6 # Baths: 2.5 Basement(w/wo bath): NA Garage: Deck: Crawl Space: Slab N/A Monolithic Slab: N/A
TOTAL HTD SQ FT 2325 **GARAGE SQ FT** 425 (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/wo 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 _____ x _____) # Bedrooms: _____ 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: proposed Manufactured Homes: N/A Other (specify): N/A

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 8/2/21

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