



Initial Application Date: 8-25-21

Application # \_\_\_\_\_

CU# \_\_\_\_\_

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

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: Denise Owens Mailing Address: 1813 Chalybeate Springs Rd. Angier, N.C. 27501  
City: Angier State: N.C. Zip: 27501 Contact No: (919) 753-5277 Email: Deniseowens1@yahoo.com

APPLICANT: Turn Key Restoration Mailing Address: PO Box 1965  
City: Figueroa Varina State: N.C. Zip: 27526 Contact No: (919) 201-0397 Email: Turnkeyrestoration@yahoo.com  
\*Please fill out applicant information if different than landowner

ADDRESS: 1813 Chalybeate Springs Rd. Angier, N.C. 27501 PIN: 0664-82-3486.000

Zoning: \_\_\_\_\_ Flood: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book / Page: 879 / 888-889

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

PROPOSED USE:

SFD: (Size 53 x 63) # Bedrooms: 3 # Baths: 2 Basement(w/wo bath): \_\_\_\_\_ Garage:  Deck: \_\_\_\_\_ Crawl Space:  Slab: \_\_\_\_\_ Slab: \_\_\_\_\_  
TOTAL HTD SQ FT 1767 GARAGE SQ FT 293 (Is the bonus room finished? ( ) yes (  ) no w/ a closet? ( ) yes (  ) no (if yes add in with # bedrooms) 149,432 10,841

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: \_\_\_\_\_ 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.

Denise Owens  
Signature of Owner or Owner's Agent

8-25-21  
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\*\*