



Initial Application Date: _____

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: D. R. Horton, Inc. Mailing Address: 2000 Aerial Center Parkway Ste. 110A

City: Morrisville State: NC Zip: 27560 Contact No: 919-460-2922 Email: nskarim@drhorton.com

APPLICANT*: D. R. Horton, Inc. / Nichelle Karim Mailing Address: 2000 Aerial Center Parkway Ste. 110A

City: Morrisville State: NC Zip: 27560 Contact No: 919-460-2922 Email: nskarim@drhorton.com

*Please fill out applicant information if different than landowner

ADDRESS: 250 Silver Maple Drive Lot 1 PIN: 0653-69-4260.000

Zoning: RA-30 Flood: MINIMAL Watershed: _____ Deed Book / Page: 4145-0420

Setbacks - Front: 20' Back: 15' Side: 10' Corner: _____

PROPOSED USE:

SFD: (Size 40' x 39') # Bedrooms: 5 # Baths: 3 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: _____ Slab: Monolithic
TOTAL HTD SQ FT 2511 GARAGE SQ FT 422 (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 (input checked="" type="checkbox"/> no

Does the property contain any easements whether underground or overhead (input checked="" type="checkbox"/> yes () no

Structures (existing or proposed): Single family dwellings: proposed 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.

Nichelle Karim

05/11/2022

Signature of Owner or 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**

APPLICATION CONTINUES ON BACK

strong roots • new growth