

Initial Application Date: 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: Drees Homes Mailing Address: 8521 Six Forks Rd., #500
City: Raleigh State: NC Zip: 27615 Contact No: 919-256-5478 Email: ttrefftzs@dreeshomes.com
APPLICANT*: Teri Trefftzs same as above
City: State: Zip: Contact No:919-256-5478 Email: ttrefftzs@dreeshomes.com *Please fill out applicant information if different than landowner
ADDRESS: 67 Contentment Lane PIN: 0655-23-6327.000
ADDRESS: 67 Contentment Lane PIN: 0655-23-6327.000 Zoning: RA-30 Flood: N/A Watershed: Deed Book / Page: 4109-612
Setbacks – Front: 20' Back: 20' Side: 5' Corner: 12'
PROPOSED USE:
Monolithic SFD: (Size 48".0"x38'8" Bedrooms: 5 # Baths: 3 Basement(w/wo bath): Garage: X Deck: X Crawl Space: Slab: X
TOTAL HTD SQ FT2472 GARAGE SQ FT 445 (Is the bonus room finished? () yes (x) no w/ a closet? () yes () no (if yes add in with # bedrooms)
☐ Modular: (Sizex) # 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
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☐ Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
□ Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT
□ Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
□ Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no
TOTAL HTD SQ FT GARAGE
Water Supply: X County Existing Well Mew 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 X 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 (_X) no
Does the property contain any easements whether underground or overhead () yes (_X) 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 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**

APPLICATION CONTINUES ON BACK

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I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all subcontractors permission to obtain these permits and if any changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.
Signature of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:
General Contractor Owner Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
Has no more than two (2) employees and no subcontractors.
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation
Sign w/Title: Date: 07/21/2023