

Initial Application Date: 09/13/2024 Application # CU# COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.hamett.org/permits Central Permitting **A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION** LANDOWNER: POP Homes – RDU, LLC Mailing Address: 117 Christopher Drive City: Clayton State: NC Zip: 27520 Contact No: 919-525-5856 Email: patrick@mypophomes.com APPLICANT*: __ Mailing Address: State:___ ___Email: ___ *Please fill out applicant information if different than landowner ADDRESS: TBD COLLEGE ST (LOT 4) PIN: 0566-67-8727.000 Zoning: RA-20R Flood: N/A Watershed: 133A Deed Book / Page: 4250/42-43 Back: 25 Setbacks - Front: 35 PROPOSED USE: SFD: (Size 40 x 35) # Bedrooms: 4 # Baths: 2.5 Basement(w/wo bath); N/A Garage: V Deck: N/A Crawl Space: Slab: Slab: V TOTAL HTD SQ FT 1508 GARAGE SQ FT 438 (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 SO 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: Addition/Accessory/Other: (Size ____x___) Use: _____ Closets in addition? (___) yes (___) no TOTAL HTD SQ FT Water Supply: X County Existing Well New Well (# of dwellings using well ______ (Need to Complete New Well Application at the same time as New Tank)

Expansion Relocation Existing Septio Texts __) *Must have operable water before final 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 (X) no Does the property contain any easements whether underground or overhead (X) yes (__) no Structures (existing or proposed): Single family dwellings: 1 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 of Owner's Agent 09/13/2024 Director of Marketing and Administration

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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