



Initial Application Date: 9/19/24

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

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

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: D.R. Horton Inc. Mailing Address: 2000 Aerial Center Pkwy. Ste. 110-A  
City: Morrisville State: NC Zip: 27560 Contact No: 984-327-8357 Email: jnupchurch@drhorton.com

APPLICANT\*: D.R. Horton, Inc./ Jennifer Upchurch Mailing Address: 2000 Aerial Center Pkwy. Ste. 110-A  
City: Morrisville State: NC Zip: 27560 Contact No: 984-327-8357 Email: jnupchurch@drhorton.com

\*Please fill out applicant information if different than landowner

ADDRESS: 420 Blue Aspen Drive Lot 115 PIN: 0653-78-4011.000

Zoning: RA-30 Flood: Minimal Watershed: \_\_\_\_\_ Deed Book / Page: 4228 : 2289

Setbacks – Front: 20' Back: 15' Side: 10' Corner: 15'

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** 2,511 **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  no

Does the property contain any easements whether underground or overhead  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.

Jennifer Upchurch  
Signature of Owner/for Owner's Agent

09/19/2024  
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