



Initial Application Date: 10-28-24

Application # SFO2410-0101

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: Melissa P. Godwin Mailing Address: P.O. Box 1922
City: Dunn State: NC Zip: 28335 Contact No: 910-591-6434 Email: 01mels.place@gmail.com

APPLICANT*: Lamy Godwin Mailing Address: P.O. Box 1922
City: Dunn State: NC Zip: 28335 Contact No: 919-810-2591 Email: ludcgodwinconstruction@gmail.com

*Please fill out applicant information if different than landowner

ADDRESS: 251 CHOCORA CUMB DR. Dunn NC PIN: 0596-44-9374.000

Zoning: R Flood: NO Watershed: NO Deed Book / Page: 2239/0630

Setbacks - Front: 35 Back: 35 Side: 10 Corner: —

PROPOSED USE:

SFD: (Size 69' x 76') # Bedrooms: 5 # Baths: 3 1/2 Basement(w/wo bath): _____ Garage: Deck: _____ Crawl Space: _____ Slab: Slab: Monolithic
TOTAL HTD SQ FT 2846 GARAGE SQ FT 816 (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: (SFO) 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]
Signature of Owner or Owner's Agent

10/25/24
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