

Initial Application Date: 1-24-24

Application # SFD 2411 - DOP(2

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:SWDWTW (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: Use: Closets in addition? (_) yes (_) no TOTAL HTD SQ FT GARAGE 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 Sever (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 Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): f 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. Thereby state that foregoing statements are accentage and correct to the best of my knowledge. Permit subject to revocation if false information is provided.				62.70 W.C.S. 0.50 (200.70)	CU#	
Mailing Address:DO_Box Cameron NC #249	Central Permitting 420 McKinney	Pkwy, Lillington, NC 275	46 Phone: (910) 893-752	E APPLICATION 25 ext:1 Fax: (910) 89	93-2793 www.harnett	.org/permits
City:	**A RECORDED SURVEY MAP, RECO	RDED DEED (OR OFFER TO	PURCHASE) & SITE PLAN ARE	REQUIRED WHEN SUBMIT	TING A LAND USE APPLICA	TION**
APPLICANT*:	LANDOWNER: Brandon and Alicia Raines		Mailing Address:po	O Box Cameron NC #249		
City: State: Zip: Contact No: Email: Please fill out applicant information if different than landowner ADDRESS:iobnscandile School BD						
ADDRESS:_inhasancille School BD	APPLICANT*:	Mailing	Address:			
Setbacks - Front: Back: Side: Corner:	City:*Please fill out applicant information if different that	State: Zip:	Contact No:	Email:		
Setbacks - Front: Back: Side: Corner:	ADDRESS:lohnsonville School BD		PIN: 9566-75	j-9854.0000		
Setbacks - Front: Back: Side: Corner: PROPOSED USE: X SFD: (Size 40 x 66) # Bedrooms: # Baths:Basement(w/wo bath):Garage:Deck:Crawl Space:Slab:Sla						
SFD: (Size 40 x 66) # Bedrooms: # Baths: _2 Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla						
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Manufactured Home:SWDWTW (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: No. 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 Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify): f 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. hereby state that foregoing statements are acceptate, and correct to the best of my knowledge. Permit subject to revocation if false information is provided.	SFD: (Size 40 x 66) # Bedrooms TOTAL HTD SQ FT 241 GARAGE SQ FT	::_3_ # Baths:_2_ Baser	ment(w/wo bath): Garag	pe: Deck: Crawl no_w/ a closet? () yes	I Space: Slab:_x_ S	Slab:
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit: TOTAL HTD SQ FT Home Occupation: # Rooms: Use: Hours of Operation: #Employees: Addition/Accessory/Other: (Sizex) Use: New Use: Closets in addition? () yes () no TOTAL HTD SQ FT GARAGE						
Home Occupation: # Rooms:	☐ Manufactured Home:SWDW	TW (Sizex_) # Bedrooms: G	arage:(site built?	_) Deck:(site built?_)
Addition/Accessory/Other: (Sizex) Use: Closets in addition? () yes () no TOTAL HTD SQ FT Cannoty 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: 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. Thereby state that foregoing statements are accordance and correct to the best of my knowledge. Permit subject to revocation if false information is provided.	□ Duplex: (Sizex) No. Build	ings: N	No. Bedrooms Per Unit:	TOTA	L HTD SQ FT	
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: 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. Thereby state that foregoing statements are accordate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.	☐ Home Occupation: # Rooms:	Use:	Hours of Oper	ration:	#Employees	s:
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Signature of Owner's Agent Date	I hereby state that foregoing statements are	accurate and correct to	the best of my knowledge. If	Permit subject to revocati	ion if false information is	provided.
It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited	Signature	or Owner's A	Agent v with any applicable infor	Date mation about the subject	ct property including t	but not limited

APPLICATION CONTINUES ON BACK

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**