

Initial Application Date: 1 20-24

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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: Brandon and Alicia Raines Mailing Address: PO Box Cameron NC #249 State: NC Zip: 28326 Contact No: 8135236913 Email: Ahermis18@gmail.com APPLICANT*: Guy and Mary Hermis Mailing Address: PO BOX 234 State: Zip: 28326 Contact No: 8133263181 Email: ghermis@gmail.com *Please fill out applicant information if different than landowner ADDRESS: Johnsonville School RD PIN: 9566-75-9854.0000 Zoning: RA-20R Flood: Min Watershed: Deed Book / Page: _4259 · 1778 Back: Side: Corner: Setbacks - Front: PROPOSED USE: Monolithic SFD: (Size _56 _ x_36 _) # Bedrooms: _2 # Baths: _2 Basement(w/wo bath): ___ Garage: ___ Deck: ___ Crawl Space: ___ Slab: _x_ Slab: _ TOTAL HTD SQ FT 980 GARAGE SQ FT ____ (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: temp ru while Addition/Accessory/Other: (Size ___x__) Use: _____ is \selection \text{Seincy beforeits 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 Sewage Supply: New Septic Tank Expansion Relocation Complete Environmental Health Checklist on other side of application if Septic) ____Relocation____Existing Septic Tank ____ County Sewer 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 (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 11/20/24 ***It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including 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**