



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 282 Rafter Creek Ln PIN: 9670-50-2430

LANDOWNER: Michael Licata Mailing Address: _____

City: Sanford State: NC Zip: 27330 Phone: 623-414-0127 Email: licatamj@gmail.com

*Please fill out applicant information if different than landowner.

APPLICANT: Sercy Construction LLC Mailing Address: 5808 Mockingbird Ln

City: Sanford State: NC Zip: 27332 Phone: 919-499-7601 Email: mdsercy92@windstream.net

PROPOSED USE:

☒ Single Family Dwelling: (Size 80 x 63) # Bedrooms: 3 # Baths: 2 Garage: Attached Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: 2034 GARAGE SQ FT: 606 Foundation Type: Crawl Space: ☒ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ Modular: (Size ____ x ____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____

☐ Manufactured Home: SW ☐ DW ☐ TW ☐ (Size ____ x ____) # Bedrooms: ____ Garage: Attached, Detached Accessory: Deck, Patio
(Circle One) (Circle One)

ZONING: _____

☐ Duplex: (Size ____ x ____) # Buildings: _____ # Bedrooms Per Unit: _____ TOTAL HTD SQ FT: _____

☐ Addition/Accessory/Other: (Size ____ x ____) Use: _____

UTILITIES:

Water Supply: County ☒ Existing Well ☐ New Well (# of dwellings using well _____) ☐

Sewage Supply: New Septic Tank ☒ Expansion ☐ Relocation ☐ Existing Septic Tank ☐ County Sewer ☐

(Complete Environmental Health Checklist on other side of application if Septic is selected)

GENERAL PROPERTY INFORMATION:

Does the landowner own another tract that contains a manufactured home within 500 feet? YES ☐ NO ☒

Does the property contain any easements, whether underground or overhead? YES ☐ NO ☒ not that I know of.

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 the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Max Derrick Leroy
Signature of Owner or Owner's Agent

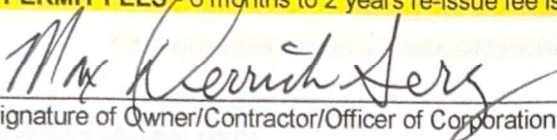
7/7/25
Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. It is the owner/applicant's 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.

APPLICATION CONTINUES ON BACK

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.


Signature of Owner/Contractor/Officer of Corporation

7/7/25
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

☒ General Contractor ☐ Owner ☐ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

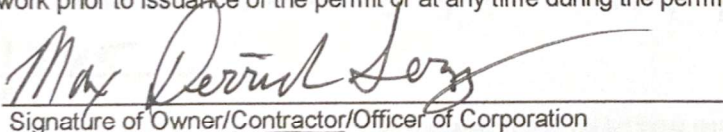
☒ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.


Signature of Owner/Contractor/Officer of Corporation

7/7/25
Date