



Initial Application Date: _____

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: Caviness Land Development Mailing Address: 175 Tennessee Walker Dr

City: Raeford State: NC Zip: 28376 Contact No: 910-375-5131 Email: cynthia@cavinessland.com

APPLICANT*: Caviness Land Development Mailing Address: 175 Tennessee Walker Dr

City: Raeford State: NC Zip: 28376 Contact No: 910-339-6330 Email: cynthia@cavinessland.com

*Please fill out applicant information if different than landowner

ADDRESS: 251 Harborwood St **PIN:** 0506-76-5964

Zoning: _____ **Flood:** _____ **Watershed:** _____ **Deed Book / Page:** _____

Setbacks – Front: 36 **Back:** 57.64 **Side:** 15 **Corner:** 15

PROPOSED USE:

☒ **SFD:** (Size 40 x 54) # Bedrooms: 4 # Baths: 3.5 Basement(w/wo bath): _____ Garage: ☒ Deck: _____ Crawl Space: _____ Slab: _____ Slab: ☒ **TOTAL HTD SQ FT** 2560 **GARAGE SQ FT** 484 (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: _____ 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 or Owner's Agent

5/21/25
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