

Initial Application Date: __9/17/25

Application #_	
CLI#	

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 Fax: (910) 893-2793 www.harnett.org/permits Central Permitting

ANDOWNER: Galt Land Development Mailing Address: 206 S	shoreline Dr.
city: Raeford State: NC Zip: 28376 Contact No: 704-451-4444 Email: Shat	un@PrecisionCustomHomesNC.com
PPLICANT*: Same as Landowner Mailing Address:	
city: State: Zip: Contact No: Please fill out applicant information if different than landowner	_ Email:
DDRESS:183 Myrtle Oak Drive (Magnolia Hills Lot 47) PIN:9567-12-1903	497
Setbacks - Front: 35 Back: 25 Side: 10 Corner: 20	
PROPOSED USE:	
SFD: (Size 70' x 54') # Bedrooms: 4 # Baths: 3.5 Basement (w/wo bath): Garage: Deck: Slab OTAL HTD SQ FT 3.117 GARAGE SQ FT. 849 (Is the bonus room finished? () yes () no w/ a closet?	
Modular: (Size _) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck:	On Frame Off Frame
OTAL HTD SQ FT (Is the second floor finished? () yes () no Any other sides and the second floor finished?	te built additions? () yes () no
OTAL HTD SQ FT (Is the second floor finished? () yes () no Any other side in the second floor f	te built additions? () yes () no site built?) Deck:(site built?)
OTAL HTD SQ FT (Is the second floor finished? () yes () no Any other side Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(starting to the second floor finished? () yes () no Any other side Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(starting to the second floor finished? () yes () no Any other side Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(starting to the second floor finished? () yes () no Any other side Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(starting to the second floor finished? () yes () no Any other side Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(starting to the second floor finished? () yes () no Any other side Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(starting to the second floor finished? () yes () no Any other side Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(starting to the second floor finished? () yes () no Any other side Manufactured Home: yes () no Any other yes () no Any other yes () no Any other	te built additions? () yes () no site built?) Deck:(site built?) TOTAL HTD SQ FT
OTAL HTD SQ FT (Is the second floor finished? () yes () no Any other size	te built additions? () yes () no site built?) Deck:(site built?) TOTAL HTD SQ FT #Employees:
Manufactured Home:SWDWTW (Size x) # Bedrooms: Garage:(s Size x) No. Buildings: No. Bedrooms Per Unit: Home Occupation: # Rooms: Use: Hours of Operation: Addition/Accessory/Other: (Size x) Use: TOTAL HTD SQ FT GARAGE	te built additions? () yes () no site built?) Deck:(site built?) TOTAL HTD SQ FT #Employees:
COTAL HTD SQ FT	te built additions? () yes () no site built?) Deck:(site built?) TOTAL HTD SQ FT #Employees: Closets in addition? () yes () no
COTAL HTD SQ FT	te built additions? () yes () no site built?) Deck:(site built?)
Manufactured Home:SWDWTW (Size x) # Bedrooms:Garage:(size x) No. Buildings: No. Bedrooms Per Unit: Hours of Operation: Use: Hours of Operation: OTAL HTD SQ FT GARAGE New Well (# of dwellings using well	te built additions? () yes () no site built?) Deck:(site built?)
Manufactured Home:SWDWTW (Size x) # Bedrooms:Garage:(size x) No. Buildings: No. Bedrooms Per Unit: Hours of Operation: Hours of Operation: Addition/Accessory/Other: (Size x) Use: Hours of Operation:	te built additions? () yes () no site built?) Deck:(site built?)
Manufactured Home:SWDWTW (Size x) # Bedrooms:Garage:(solution	te built additions? () yes () no site built?) Deck:(site built?)
Manufactured Home:SWDWTW (Size x) # Bedrooms:Garage:(starting to the second floor finished? () yes () no Any other size and	te built additions? () yes () no site built?) Deck:(site built?)

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

This application expires 6 months from the initial date if permits have not been issued



This application to be filled out when applying for a septic system inspection.

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

? Environmental Health New Septic System

- All property irons must be made visible. Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property.
- All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.

? Environmental Health Existing Tank Inspections

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over outlet end of tank as diagram indicates, and lift lid straight up (if possible)
 and then put lid back in place. (Unless inspection is for a septic tank in a mobile home park)
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

If applying	for authorizati	on to construct please ind	icate desired system type(s):	can be ranked in order of pre	ference, must choose one.	
{_}} Acc	epted	{}} Innovative	{X} Conventional	{}} Any		
{}} Alte	rnative {}} (Other				
The application. I	ant shall notify f the answer is	the local health departn s "yes", applicant MUST	nent upon submittal of this TATTACH SUPPORTING	application if any of the following DOCUMENTATION:	owing apply to the property in	
{_}}YES	{X} NO	Does the site contain a	any Jurisdictional Wetlands	?		
{}}YES	{X} NO	Do you plan to have an <u>irrigation system</u> now or in the future?				
{}}YES	{X} NO	Does or will the building contain any drains? Please explain.				
{}}YES	{X} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?				
{_}}YES	{X} NO	Is any wastewater going to be generated on the site other than domestic sewage?				
{}}YES	{X} NO	Is the site subject to ap	proval by any other Public	Agency?		
{}}YES	{X} NO	Are there any Easemen	nts or Right of Ways on this	property?		
{_}}YES	{X} NO	Does the site contain a	any existing water, cable, pl	one or underground electric	lines?	
		If yes please call No (Cuts at 800-632-4949 to loc	ate the lines. This is a free	service.	

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.