

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: 173 CROATOKE CT ANGIER NC 27501 PIN: 0682-26-5964.000						
LANDOWNER: SIGNATURE HOME BUILDERS INC Mailing Address: 1209 N MAIN ST						
City: LILLINGTON State: NC Zip: 27546 Phone: 910-985-1136 Email: CHRIS@SIGNATUREHOMEBUILDERS.COM						
*Please fill out applicant information if different than landowner.						
APPLICANT: Mailing Address:						
City: State: Zip: Phone: Email:						
PROPOSED USE:						
Single Family Dwelling: (Size 54 x 48) # Bedrooms: 4# Baths: 3.5 Garage Attached Detached Accessory: Deck, Patio Porch (Circle One)						
TOTAL HTD SQ FT: 2601 GARAGE SQ FT: 418 Foundation Type: Crawl Space: Stem Wall: Mono Slab: Basement:						
☐ Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached Accessory: Deck, Patio, Porch						
TOTAL HTD SQ FT: (Circle One)						
Manufactured Home: SW □ DW □ TW □ (Sizex) # Bedrooms: Garage: Attached, Detached						
ZONING:						
Duplex: (Sizex) # Buildings:# Bedrooms Per Unit:TOTAL HTD SQ FT:						
□ Addition/Accessory/Other: (Sizex) 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						
Structures (existing or proposed): Single Family Dwellings. —2 SFD 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. 09/29/2025						
Signature of Owner or Owner's Agent 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.



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Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

X NEW SEPTIC SYSTEM INSPECTION

- All property irons must be made visible. Place pink flags on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to 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.

EXISTING TANK INSPECTION

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

SEPTIC CHECK LIST

If applying for Authorization Accepted Other		to Construct, please indicate de □ Innovative	sired system type(s): Can Conventional		er of preference, must choose one. ☐ Alternative		
The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes," applicant MUST ATTACH SUPPORTING DOCUMENTATION:							
YES □	мо⋉	Does the site contain any jurisdictional wetlands?					
YES □	ио 💢	Do you plan to have an irrig	ation system now or in t	he future?			
YES □	МОХ	Does or will the building contain any drains? Please explain:					
YES □	№ 🔀	Are there any existing wells	, springs, waterlines, or	wastewater sys	tems on this property?		
YES □	№ 🗙	Is any wastewater going to I	be generated on the site	other than don	nestic sewage?		
YES □	№ 🔀	Is the site subject to approve	al by any other Public A	gency?			
YES 🗆	мо🗶	Are there any easements or	rights-of-way on this pr	operty?			
YES □	ио 🔀	Does the site contain any existing water, cable, phone, or underground electric lines?					
		If yes, please call No Cuts a	t 800-632-4949 to locat	e the lines. This	s 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. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

Signature of Owner or Owner's Agent

Date