

COUNTY OF HARNETT LAND USE APPLICATION Phone (910) 893-7525 opt # 2 Fax (910) 893-2793 Mailing Address: Zip: 27526 Contact # Mailing Address: State Contact # City: \*Please fill out applicant information if different than landowner Deed Book Page Zoning PROPOSED USE: No. Bedrooms/Unit: Multi-Family Dwelling No. Units: # Employees: \_\_\_\_\_ Hours of Operation: Sq. Ft. Retail Space: \_\_\_\_\_Type: \_\_\_\_ Business # Preschoolers: \_\_\_\_\_ # Afterschoolers: \_\_\_\_\_ # Employees: \_\_\_\_ Hours of Operation: Daycare Sq. Ft: \_\_\_\_\_ Type: \_\_\_\_ # Employees: Hours of Operation: Industry # Bathrooms: Church Accessory/Addition/Other (Size 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) V Existing Septic Tank \_ \_ County Sewer Relocation New Septic Tank Expansion (Complete Environmental Health Checklist on other side of application if Septic Comments: 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.

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

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Signature of Owner or Owner's Agent

\*\*\*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\*