

COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION

Initial Application Date: 3-10-25

Application #_	SPLU	5003-	000

CU#

Central Permitting 420 McKinney Pkwy, Lillington, NC 27546 Phone: (910) 893-7525 ext:1 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: Alicia Baines Mailing Address: 759 Johnsonville School Rd State: NC Zip: 28326 Contact No: 8135236913 Email: Abermis18@gmail.com Johnsonville Schile Mailing Address: *Please fill out applicant information if different than landowner ADDRESS: 759 Johnsonville School RD PIN: 9566-75-9854.0000 Zoning: RA-20R Flood: Min Watershed: ____ Deed Book / Page: 4259 : 1778 Setbacks - Front: Back: Side: Corner: PROPOSED USE: Monolithic _x____)# Bedrooms:___# Baths:__ Basement(w/wo bath):___ Garage:___ Deck:___ Crawl Space:___ Slab:_ Slab: TOTAL HTD SQ FT8241 GARAGE SQ FT (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 ___ Hours of Operation:____ Home Occupation: # Rooms: Use: Addition/Accessory/Other: (Size ____x___) Use:____ Closets in addition? (___) yes (___) no **GARAGE** TOTAL HTD SQ FT Water Supply: ____ County _X 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)

Expansion Relocation Existing Septic Tank County Sewer : ____ New Septic Tank ___ Expansion ___ Relocation ___ Existing Septic 7 (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 (X) no Does the property contain any easements whether underground or overhead ($\underline{\hspace{0.2cm}}$) yes $(\underline{\hspace{0.2cm}}\underline{\hspace{0.2cm}}\hspace{0.2cm})$ 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 accompanded and correct to the best of my knowledge. Permit subject to revocation if false information is provided. Signature of 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

APPLICATION CONTINUES ON BACK

strong roots · new growth

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**

