

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: 3588 NC 210.5 PIN:						
LANDOWNER: Desiree McCornick Mailing Address: 13588 MC 2105, Spring Calle M						
City: Spring Lake State: NC zip: 28390 Phone: 910-676-4229 Email: Accordance 28						
*Please fill out applicant information if different than landowner.  *Please fill out applicant information if different than landowner.						
APPLICANT: Mailing Address:						
City: State: Zip: Phone: Email:						
PROPOSED USE:						
□ Single Family Dwelling: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached (Circle One) Accessory: Deck, Patio, Porch (Circle One)						
TOTAL HTD SQ FT: GARAGE SQ FT: Foundation Type: Crawl Space:   Stem Wall:   Mono Slab:   Basement:						
□ Modular: (Sizex) # Bedrooms: # Baths: Garage: Attached, Detached (Circle One)						
□ Manufactured Home: SW □ DW □ TW □ (Sizex) # Bedrooms: Garage: Attached, Detached Accessory: Deck, Patio (Circle One)						
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 $\square$ NO $\square$						
Does the property contain any easements, whether underground or overhead? YES  NO						
Structures (existing or proposed): Single Family Dwellings: Manufactured Homes: Other (specify):						
proposici rv						
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.						
Signature of 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.

SEP	<ul> <li>Place orange flags</li> <li>Post orange Enviro</li> <li>If property is thickly Inspectors should be</li> <li>EXISTING TANK INS</li> <li>Follow above instru</li> <li>Prepare for inspect</li> <li>*Does not apply to</li> <li>DO NOT LEAVE L</li> </ul>	must be made visible. Plas at the corners of each proportion of each p	utlet end of tank, lift lid straigh	ubmitted to Central assist in locating assist in locating with to allow the soperation.  PERTY.  t up (if possible),	al Permitting. property. il evaluation to be performed. and then <b>put lid back in plac</b>	ce.
If ap	oplying for Authorization		te desired system type(s): Car	n be ranked in ord	er of preference, must choos	e one.
	☐ Accepted	☐ Innovative	Conventional	Any	☐ Alternative	
	Other					
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 🗆 NO 🗆	Does the site contain a	ny jurisdictional wetlands?			
	YES 🗆 NO 🗆	Do you plan to have an	irrigation system now or in	the future?		
	YES 🗆 NO 🗆	Does or will the building	g contain any drains? Pleas	e explain:		
	YES 🗆 NO 🗆	Are there any existing v	vells, springs, waterlines, o	wastewater sys	stems on this property?	
	YES 🗆 NO 🗆	Is any wastewater going	g to be generated on the sit	e other than dor	nestic sewage?	
	YES 🗆 NO 🗆	Is the site subject to ap	proval by any other Public	Agency?		
	YES 🗆 NO 🗆	Are there any easemen	ts or rights-of-way on this p	roperty?		
	YES 🗆 NO 🗆	Does the site contain ar	ny existing water, cable, ph	one, or undergro	ound electric lines?	
		If yes, please call No Co	uts at 800-632-4949 to loca	te the lines. This	s is a free service.	
			nation provided herein is tru			
			necessary inspections to de			
			er identification and labeling	-		
			n be performed. I understan			ed for
anu	re to uncover outlet no	i, mark nouse corners and	I property lines, etc. once lo	t is committee to	be ready.	
	-	Signature of Owner or Owner	s Agent	Date	9	
		/				



INDIVIDUAL TRADE APPLICATION

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CONSTRUCTION TYPE (circle one): Residential Non-Residential WC 28390						
CONSTRUCTION TYPE (circle one): Residential Non-Residential No						
LANDOWNER: Decices It Coconick Mailing Address: 3588 NC 2108 Social Cake						
CitySpringlake State: NC Zip: 28390 Phone: 910-676-4229 Email: Mccornickd 476 @gmail.com						
JOB COST (required): #0.00						
DESCRIPTION OF WORK: To connect power to existing poll for RV temovaly,						
Mechanical: New Unit With Ductwork □ New Unit Without Ductwork □ Gas Piping □ Other						
Electrical: 200 Amp □ Greater than 200 Amp □ Service Change □ Service Reconnect ☑ Other						
Plumbing: Water Tap/Sewer Connection   Water Heater   Number of Fixtures Other						
CONTRACTOR INFORMATION						
* Must be owner or licensed contractor. Address, company name & phone must match information on license.						
Decise 110 Cornicle 910-6710-4229						
Contractor's Company Name Phone						
Contractor's Company Name  13588 NC 210 S, Spring Lake, NC  Address  Phone  Mccormichd 476 a gmail. Com  Email						
License #						
Mechanical change outs & generator applications require both electrical & mechanical information. If applicable:						
Contractor's Company Name Phone						
Address Email						
License #						
I am the building owner or NC state licensed contractor, which legally entitles me to perform such work on the above structure. I attest that all work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations. By signing this application, I affirm that I have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner, I understand that I cannot rent, lease, or sell the listed property for 12 months after completion of the listed work.						

Signature of Owner/Contractor

