

RESIDENTIAL LAND USE APPLICATION

SITE ADDRESS: 15 Nettie Weaver Rd. Angier, NC 27501 PIN: _____

LANDOWNER: Kenneth & Alison Haggerty Mailing Address: 15 Nettie Weaver Rd.

City: Angier State: NC Zip: 27501 Phone: 919-201-3648 Email: kennethhaggerty13@gmail.com

**Please fill out applicant information if different than landowner.*

APPLICANT: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ Email: _____

PROPOSED USE:

☐ **Single Family Dwelling:** (Size ____x____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____ GARAGE SQ FT: _____ Foundation Type: Crawl Space: ☐ Stem Wall: ☐ Mono Slab: ☐ Basement: ☐

☐ **Modular:** (Size ____x____) # Bedrooms: ____ # Baths: ____ Garage: Attached, Detached Accessory: Deck, Patio, Porch
(Circle One) (Circle One)

TOTAL HTD SQ FT: _____

☐ **Manufactured Home:** SW ☐ DW ☐ TW ☐ (Size ____x____) # Bedrooms: ____ Garage: Attached, Detached Accessory: Deck, Patio
(Circle One) (Circle One)

ZONING: _____

☐ **Duplex:** (Size ____x____) # Buildings: _____ # Bedrooms Per Unit: _____ TOTAL HTD SQ FT: _____

☒ **Addition/Accessory/Other:** (Size 30 x 60) Use: Agricultural Pole Barn w/ Kitchen (30' x 15') & remaining space
will be used for equipment storage & one bathroom. Hours of operation will be 9-5 w/ 4 personnel. Utilized in
UTILITIES: conjunction with preparing products grown on-site for the purpose of demonstration, consumption

Water Supply: County ☐ Existing Well ☒ New Well (# of dwellings using well _____) ☐ & product sales (agritourism)

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)

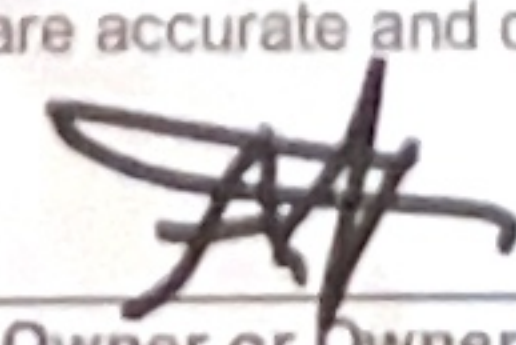
GENERAL PROPERTY INFORMATION:

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: _____ Manufactured Homes: _____ Other (specify): Pole Barn

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 or Owner's Agent

10-17-25

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.

APPLICATION CONTINUES ON BACK