



Application for Plan Review

Application # _____

Date Received: _____ Received By: _____

Name of Project: Coastal Cuts Landscaping

Physical Address of Project: 1609 Atkins Rd. #

Fuquay-Varina, NC 27526

Plans Submitted By: James Lewis

Project Phone: (252)-450-5323

Contact Person/Address: Jim Lewis

4709 Alden Mist Ct.

Apex, NC 27539

Contact Email: Jim@CoastalCutsLandscaping.com

Contact Phone: (252)-450-5323 (540)-238-8786

Contractor's Name/Info: n/A Existing Property

Contractor's Phone: (n/A) - _____

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

11/15/23



Initial Application Date: 11/2/23

Application # _____
DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 ext # 2 Fax: (910) 893-2790 www.harnett.org/permits

LANDOWNER: SSP of Cary LLC Mailing Address: 2761 Belmont View Loop

City: Cary State: NC Zip: 27519 Contact # _____ Email: _____

APPLICANT: James Lewis Mailing Address: 4409 Alden Mist Ct.

City: Apex State: NC Zip: 27539 Contact # 252-450-5323 Email: Jim@coastalcutslandscaping.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: James Lewis Phone # 252-450-5323

Address: 1609 Atkins Rd. 27526 PIN: 0665-61-189

Deed Book Page: 1

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: 4000 Type: Warehouse # Employees: 14 Hours of Operation: 7:00-6:00 Mon-Fri
- Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____
- Accessory/Addition/Other (Size x) Use: _____

Water Supply: 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)

Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer
(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.

[Signature]
Signature of Owner or Owner's Agent

11/15/23
Date

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

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

