

Initial Application Date: 09-Sep-2018
(Revised 09-Jan-2019)

Application # _____

DRB _____ CU _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: SAKS Forth Ave LLC Mailing Address: 622 Buffalo Lake Rd

City: Sanford State: NC Zip: 27332 Home #: _____ Contact #: _____

APPLICANT*: The Tree Of Knowledge Daycare Center LLC Mailing Address: PO Box 655

City: Goldston State: NC Zip: 27252 Office #: 919.343.2334 Contact #: 919.427.8889

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: William Hicks Phone #: 919.427.8889

PROPERTY LOCATION: Subdivision: Barbecue Township Lot #: _____ Lot Size: 1.14 Ac

State Road #: 1115 State Road Name: Buffalo Lake Rd Map Book&Page: 2015 / 171

Parcel: _____ PIN: 9587-53-3087.000

Zoning: RA-20R Flood Zone: N/A Watershed: N/A Deed Book&Page: 2924 / 237 Power Company*: CEMC

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: _____

From 108 E Front St; Travel 100 ft..Turn Rt Onto S 2nd St; Travel 400 ft..Turn Rt. Onto E Ivey St.; Travel 800 ft..Turn Lf Onto S Main St; Travel 0.4 mi..Turn Rt Onto W Old St; Travel 0.6 mi...Take Slight Lf Onto NC 27 W; Travel 14 mi..Turn Lf Onto Buffalo Lake Rd; Travel 0.6 mi...Destination Is On The Lf @ Corner Of Buffalo Lake And Blanchard Roads.

PROPOSED USE:

- Multi-Family Dwelling No. Units _____ No. Bedrooms/Unit _____
- Business Sq. Ft. Retail Space _____ Type _____ # Employees: _____ Hours of Operation: _____
- Daycare # Preschoolers 29 # Afterschoolers _____ # Employees 4 Hours of Operation 7AM - 6PM
- Industry Sq. Ft. _____ Type _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity _____ # Bathrooms _____ Kitchen _____
- Accessory/Addition/Other (Size _____ x _____) Use _____

Water Supply: () County () Well (No. dwellings _____) **MUST** have operable water before final

Sewage Supply: () New Septic Tank (Complete Checklist) () Existing Septic Tank (Complete Checklist) () County Sewer

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.

W. Hicks
Signature of Owner or Owner's Agent

09-Sep-2018/09-Jan-2019
Date

****This application expires 6 months from the initial date if no permits have been issued****

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

Please use Blue or Black Ink ONLY