

Initial Application Date: 01-06-20

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 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Venture Properties Mailing Address: 126 Executive Drive, Suite 200

City: Wilkesboro State: NC Zip: 28697 Contact # Brian DeLong Email: brian@vpdevelopment.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Scott Brown, PE Phone # 910-426-6777

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 1.17 ac

State Road # SR 1115 State Road Name: Buffalo Lake Road Map Book&Page: 2010/ 674

Parcel: 03958703 0020 69 PIN: 9586-78-3233.000

Zoning: Comm Flood Zone: N/A Watershed: N/A Deed Book&Page: 2890 / 877 Power Company\*: \_\_\_\_\_

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Take NC 27 and head wests out of Lillington. Turn left on SR 1115

(Buffalo Lake Rd) and head south. Property will be on left side approximately 1.6 miles from intersection in front of Food Lion

**PROPOSED USE:**

- Multi-Family Dwelling No. Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_
- Business Sq. Ft. Retail Space: 8,945 Type: restaurant & medical office # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- 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: X County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*MUST have operable water before final

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

**Comments:**

The property will be used for a restaurant and medical office.

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 of Owner or Owner's Agent

1/6/20

Date

**\*\*This application expires 6 months from the initial date if permits have not been issued\*\***

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