

Initial Application Date: _____

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: Fairway Pointe, LLC Mailing Address: 125 Whispering Pines Drive

City: Spring Lake State: NC Zip: 28390 Contact # (919) 454-4680 Email: andybarr40@yahoo.com

APPLICANT*: Anderson Creek Dev. Mailing Address: 125 Whispering Pines Drive

City: Spring Lake State: NC Zip: 28390 Contact # (910) 814-2633 Email: cooper@andersoncreekclub.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Andy Barr Phone # (919) 454-4680

PROPERTY LOCATION: Subdivision: Fairway Pointe - Anderson Creek Club Lot #: _____ Lot Size: _____

State Road # _____ State Road Name: _____ Map Book&Page: _____ / _____

Parcel: _____ PIN: 0515-08-7997

Zoning: RA-20R Flood Zone: X Watershed: _____ Deed Book&Page: 2534 / 518 Power Company*: South River

*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 W then turn left onto Nursery Rd, turn left onto Ray Road, Turn left onto Anderson Creek Dr., Turn right onto Barons Run E, Turn right onto Whispering Pines Dr., Turn left onto Lamplighter Way, Turn right onto Gallery Drive. Then drive straight to back of condos.

PROPOSED USE:

- Multi-Family Dwelling No. Units: 8 No. Bedrooms/Unit: 2 & 3
- Business Sq. Ft. Retail Space: _____ Type: _____ # 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: 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) 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.

Signature of Owner or Owner's Agent

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