



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: Good Hope Hospita Mailing Address: 403 S 10th Street

City: Groin State: NC Zip: 28338 Contact # 910 230 4011 Email: _____

APPLICANT*: SJE General Contract Mailing Address: PO Box 2364

City: Dunn State: NC Zip: 28335 Contact # 910 591 9727 Email: Stage@Stage.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Shane Michael Phone # 910 591 9727

Address: 403 S 10th Street PIN: 0597-84-1396-00

Zoning: _____ Watershed: _____ Flood: _____ Deed Book Page: 1

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

Business Sq. Ft. office Retail Space: 1200 Type: _____ # Employees: 5 Hours of Operation: 8-5 M-F

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: Good Hope will be using this as a office building for billing only. no general public will be in the 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

8-23-21 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.*****