| Initi | al Application Dat | e: 03/08/2 | 3 | | Appliq | cation # | | |
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| | | | | COMMERC | | | | |
| 0 | val Davreittina (Dhusi | inel) 100 F. Frant Street Lill | COUNTY O | F HARNETT LAND | USE APPLICATION | Fant#0 Fav: (010 |) 893-2793 www.harnett.org/per | mita |
| | | | | | | | Packway, So | |
| | | | | | | | | |
| City | : CARY | | _ State: _\C _ Zip: <mark>\Z7</mark> _ | 18 Contact # 26 | 7 547 3807 | Email: 💃 🕊 | · contanemat | AM |
| API | PLICANT*: 1 | ike Little | £ | Mailing Addr | ess: 224 To | INSTRC | · CORLANCEMAT | - out |
| City | CARM | | State: N C7in: 27 | 513 Contact # 9 | 194221209 | Email: M | ke cpoythees | s. La |
| *Ple | ase fill out applicant | information if different t | han landowner | Contact # | | Linaiiv v | We Chedlings | |
| | | | | | | | 422 1209 | |
| | | ION O LILL | Pennasa | | 6 | 1 | Lot Size: 1-35 | - A |
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| Sta | e Road # 221 | State Ro | ad Name: HARDE | H CENTRA | KOAD | Мар Вос | ok&Page:/ | |
| Par | cel: | | | PIN: 06 | 52-66-3 | 437.00 | 0 | |
| | | | | | | | TULE FREE | |
| | | | | | | | | 6-7 |
| Ne | w structures with | Progress Energy as | service provider need to | supply premise num | ber | | from Progress En | ergy. |
| SPI | CIFIC DIRECTIO | ONS TO THE PROPE | RTY FROM LILLINGTO | ON: | | 50 | | |
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| | | | 0900 | | NC CIDE | - 10 | | |
| | | | 30.25 |) | NC 2/3 | - (3) | | |
| DP/ | | | 3000 | , | NG 6736 | - 10 | | _ |
| | OPOSED USE: | | | |) e | | | |
| | DPOSED USE: Multi-Family Dw | elling No. Units: | No. Be | edrooms/Unit: | | | | |
| | DPOSED USE: Multi-Family Dwo | elling No. Units: Sq. Ft. Retail Space: | No. Βε Type: | edrooms/Unit: | # Employees: _ | Hour | s of Operation: f Operation: | |

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.

Accessory/Addition/Other (Size x) Use: 700 & Pump Building

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

Signature of Owner or Owner's Agent

Seating Capacity: _____ # Bathrooms: ____ Kitchen: ___

Comments: ____

03/08/23

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