

Initial Application Date:

| Application # _ | BCM 2302-000E | 2 |
|-----------------|---------------|---|
| DRR#            | CII#          |   |

## COMMERCIAL

|   | sical) 108 E. Front Street, Lillington, NC 2754                                |                                       | 7546 Phone: (910) 893-7525 (               | opt # 2 Fax: (910) 893-2793 www.harnett.org/permits |  |  |  |
|---|--|---------------------------------------|--|---|--|--|--|
| LANDOWNER:  | harlenz Kidd   | Mailing Ad                            | ddress: <u>8755 N</u>                      | JCHZ  |  |  |  |
| city: Holly S                                       | DRings State/VC  | _ Zip <u>27540</u> Contact # <u>9</u> | 19-422-6825                                | Email: Kiddsplace 420 gnail.                        |  |  |  |
| APPLICANT*:Mailing Address:                         |  |                                       |  |   |  |  |  |
|   | State:stinformation if different than landowned                                |                                       |  | _ Email:  |  |  |  |
| CONTACT NAME APPLYING IN OFFICE: Phone #            |  |                                       |  |   |  |  |  |
| Address:  |  |                                       |  |   |  |  |  |
| Deed Book Page:                                     | 072, 0450  |                                       |  |   |  |  |  |
| PROPOSED USE:                                       |  |                                       |  |   |  |  |  |
| Multi-Family Dwelling No. Units: No. Bedrooms/Unit: |  |                                       |  |   |  |  |  |
| Business  | Sq. Ft. Retail Space:  | Туре:                                 | # Employees:                               | Hours of Operation:                                 |  |  |  |
| Daycare   | # Preschoolers:  | # Afterschoolers:                     | # Employees:                               | Hours of Operation:                                 |  |  |  |
| ☐ Industry  | Sq. Ft: Type:  |                                       | # Employees:                               | Hours of Operation:                                 |  |  |  |
| Church  | Seating Capacity:  | # Bathrooms:                          | Kitche                                     | n:  |  |  |  |
| Accessory/Addition/Other (Size 12/x 33/Use: SHELTER |  |                                       |  |   |  |  |  |
| Sewage Supply:                                      | County Existing Well  New Septic Tank Expans  nplete Environmental Health Chee | (Need to Complete New                 | Well Application at the sating Septic Tank | county Sewer  |  |  |  |

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

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