



Initial Application Date: 2/1/2024

Application # _____

DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: NC DEPARTMENT OF TRANSPORTATION Mailing Address: 1546 MAIL SERVICE CENTER

City: RALEIGH State: NC Zip: 27611 Contact # 919-707-4360 Email: _____

APPLICANT*: BARNHILL CONTRACTING COMPANY Mailing Address: PO BOX 7948

City: ROCKY MOUNT State: NC Zip: 27804 Contact # _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: WILL BUNCH Phone # 919-922-0821

Address: 4970 NC 55 W ANGLER, NC 27501 PIN: 0682-57-6894, 0682-57-7819

Zoning: RA-30 Watershed: N/A Flood: N/A Deed Book Page: 4157 / 1121, 4157 / 1117

Setbacks - Front: 30' Back: 30' Side: 30' Corner: _____

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- 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 44 x 10) Use: TEMP JOB SITE TRAILER

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: WILL HAVE ABOVE GRAND HOLDING TANK

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.

WILL BUNCH
Signature of Owner or Owner's Agent

2/1/2024
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.*****