



Initial Application Date: _____

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: Cameron Commercial Holdings, LLC Mailing Address: 6908 North Ridge Dr.

City: Raleigh State: NC Zip: 27515 Contact # 919-422-1166 Email: pablo@prmsinv.com

APPLICANT*: HMD Development, Inc Mailing Address: 8204 Creedmoor Rd. Suite 100

City: Raleigh State: NC Zip: _____ Contact # 919-791-4631 Email: build@hmddevelopment.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Luke Coyle Phone # 815-641-4154

2293 NC Highway 24-87, Cameron, NC

Address: _____ PIN: _____

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

Setbacks – Front: _____ **Back:** _____ **Side:** _____ **Corner:** _____

PROPOSED USE:

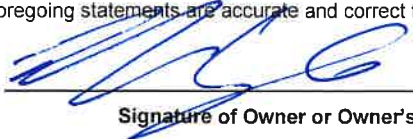
- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: 4,309 Type: Pediatric Therapy Office # Employees: 6-12 Hours of Operation: 8am - 6pm
- Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
- Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____
- Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____
- Accessory/Addition/Other (Size x) Use: _____

Water Supply: X 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 X County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

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

7/13/24

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.*****