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Initial Application Date 7/17/2023

Application # BRES2308.0033  
DRB # \_\_\_\_\_ CU # \_\_\_\_\_

**COMMERCIAL**

**COUNTY OF HARNETT LAND USE APPLICATION**

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 85 Lillington NC 27546 Phone: (910) 893-7525 ext # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Ibilola Aridegbe (AMAT Group Homes) Mailing Address: 5515 Plain View Hwy  
City: Dunn State: NC Zip: 28334 Contact # 910-922-9583 Email: amatpek@gmail.com

APPLICANT\*: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: 735 W Strickland Rd 1537-52-8711  
4115 1312

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PROPOSED USE: Between ages 18 up (18-100)  
Multi-Family Dwelling No Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_ 6 adults, ambulatory, mental illness

Business Sq. Ft. Retail Space: 1685 Type: Adult Home # Employees: 1 Hours of Operation: 24/7 Days a week

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:

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] 7/17/2023  
Signature of Owner or Owner's Agent Date

**\*\*This application expires 5 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\***

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