Initial Application Date:	04	-0	7	<u> 2017</u>	
Mind tablicanian and a					

LANDOWNER Solid Rock Varted Mark

State Road # 24 State Road Name: ___

Zaning A 2 M Flood Zone: X Wetershed:

Parcel: 9574-63-8180/9576-93-03-7/

CONTACT NAME APPLYING IN OFFICE: PROPERTY LOCATION: Subdivision:

Multi-Family Dwelling No Units: _

Sq. Ft. Retail Space: ___

Preschoolers: ___

Central Permitting

APPLICANT':____

PROPOSED USE:

Business

108 E. Front Street, Lillington, NC 27548

State

*New structures with Progress Energy as service provider need to supply premise number ___ SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NC 27 E etta 24, apper Jailer on lett

Туре:

_# Afterschoolers: ___

	Application #	50041112
	DRB #	CU#
COMMERCIAL		
COUNTY OF HARNETT LAND USE APP NC 27548 Phone: (910) 893-7525	Fax: (910) 893-2793	www.hamett.org/permits
Color chard Mailing Address: 2	297 HLY AY	<u>ω</u> .
C Zip 3632 6 Contact # 919-498-/	LLA Emell: / west	psolid starting net
	712914	1217 a contagnail . co
Mailing Address:		
Contact #	Email:	
"Jack 434 919-77	77 - 4121	
and Since	Phone # 9/9- 2	<u>56-57 P7</u>
ال المعاملات		Lot Size: 2. 12 ocres
- V 1/2 / - V - V - V	Map Book&F	
NC 34 West	Map Booker	- AUR
-03-7/9525-83-895		
Deed Book&Page / 1/2 /	P& 1 Power Company':	Central Elec
		from Progress Energy
ider need to supply premise number		
LILLINGTON: NC 27 E	A to NC24	
miles on left	Blue metal	6 <i>1</i> 4

Hours of Operation: __

Hours of Operation: __

Employees: __

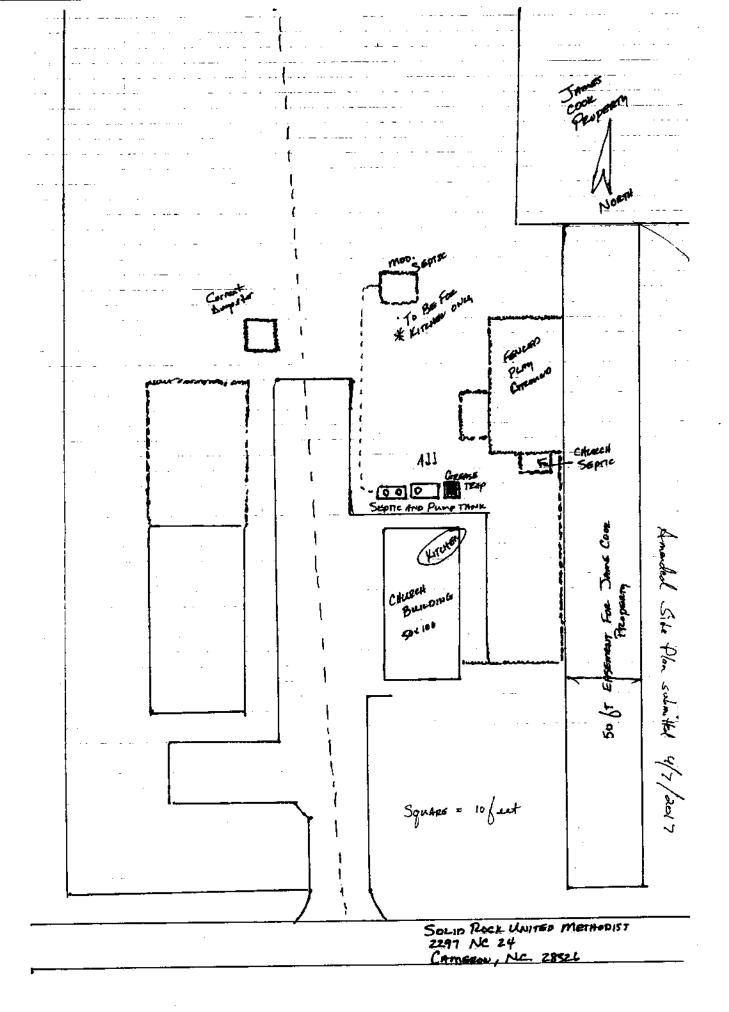
Employees: _____

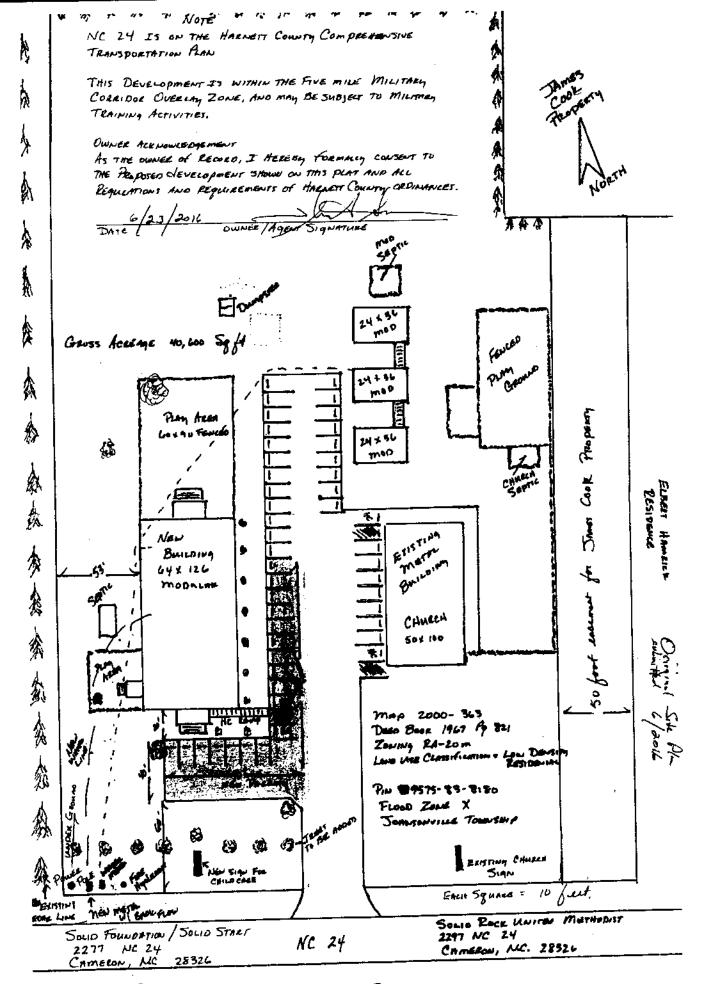
	Daycare	# Preschoolers:		_ # Atterschoolers: _	B Cultinoaes:		
a	Industry						eration:
a	Church			# Bathrooms:			
Q	Accessory/Ad	diöon/Other (Size _	×	Use:			
Wel Sew	er Supply: /age Supply: _	County f	Existing Welf nk <i>(Completi</i>	New Well (# Checidist) E	of dwellings using wall) *MUST have opera thacklist) Coul	pie water before final nty Sewer
Con	nmenta:				1 4.	. 111.	1
	<u> </u>	ACL SE	alies d	- Crane	OUT AXILTI	A WALLEY	
	000	drildons	cart	<u>u Sq</u>	I our axistu	cease tra	e and prosp
	مال	on east	أزمك	sciadics-	recommendate	·	
					Sec_ 0	Harber 10	the from
					Hal	Over	
If pe	umits are grant	ted I agree to confor	m to all ordin	ances and laws of th	e State of North Carolina regulat	ing such work and the	specifications of plans submitted

Thereby state that foregoing statements age accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

This application expires 6 months from the initial date II permits have not been issued A RECORDED SURVEY MAP, RECORDED OFED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Signature of Owner or Owness Agent





NAME: Solial Rock 1	mc_		APPLICATION #:	41112
		d out when applying for	a septic system inspecti	on.•
County Health Departs IF THE INFORMATION IN THIS A PERMIT OR AUTHORIZATION TO depending upon documentation subm 910-893-7525 option Environmental Health Air Air property krons in lines must be clearly fi Place "orange house of out buildings, swimmin Place orange Environ If property is thickly we evaluation to be perfor All lots to be address for fallure to uncover After preparing proposed to the confirmation number of Use Click2Gov or IVR Environmental Health E Follow above instruction possible) and then pu ONOT LEAVE LIDS (After uncovering outle if multiple permits, the	ment Application PPLICATION IS FALL CONSTRUCT SHALE inted. (Complete site p MY Septic System MY Sept	for Improvement I's STPIED, CHANGED, OR T. J. BECOME INVALID. The lan = 60 months; Complete play every 50 feet between the corner of the propose of flags per site plan development of the propose of flags per site plan development of the propose of flags per site plan development of the propose of flags per site plan development of the propose of flags per site plan development of the propose of flags permitting system at multiple permits exist) includes corners and propose of flags of the propose of flags of the propose of flags of the propose of the prop	in a super result in a super result and result in a super result i	TEN THE IMPROVEMENT TO months or without expiration ther iron of lot. All property driveways, garages, decks remitting. aslat in locating property. dergrowth to allow the sole grade property. In trip fee may be incurred the inspection. Please not for permits. It is schedule and use code the inspection. Please not for permits. It is schedule and use code the inspection. Please not for permits. It is schedule and use code the inspection permits. It is schedule and use code the inspection permits.
{ Accepted {}}	Innovative	() Conventional	() Any	
(_) Alternative (_) The applicant shall notify the loc question. If the answer is "yes",	eal health department applicant MUST AT	I I ACII SCI I CALLE.	olication if any of the foll	lowing apply to the property i
		Jurisdictional Wetlands?		
	les to house on ir	iestion system now of in	the future?	

Do you plan to have an irritation system now or in the Does or will the building contain any drains? Please explain. How drains |_|YES |L|NO YES | NO Are there any existing wells, springs, waterlines or Wastewater Systems on this property? {__}} NO YES Is any wastewater going to be generated on the site other than domestic sewage? |_JYES |_MO Is the site subject to approval by any other Public Agency? (<u></u>_{YES {_}} NO Are there any Easements or Right of Ways on this property? (_)YES (_) NO Does the site contain any existing water, cable, phone or underground electric lines? (__) NO If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service. I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Grunted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.

PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) 4/5/2017