

Completed new land use application.

Other one 11.30.10

x3 Conn.

Application # 08.50019182

was too confusing

COUNTY OF HARNETT LAND USE APPLICATION
Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Scottie J. VanHook Mailing Address: P.O. Box 655 Lillington, NC 27546

City: Lillington State: NC Zip: 27546 Contact # 910-257-1156 Email: srscare@aol.com

APPLICANT: Scottie J. VanHook Mailing Address: P.O. Box 655 Lillington NC 27546

City: Lillington State: NC Zip: 27546 Contact # 910-257-1156 Email: srscare@aol.com

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Scottie J. VanHook Phone # 910-257-1156

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 3.27 AC

State Road # 421 State Road Name: HWY 421 Map Book & Page: 1

Parcel: 13.0040.0101 PIN: 0040.42.4596

Zoning: R20 Flood Zone: X Watershed: IV Deed Book & Page: 2429, 11 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: HWY 421 out of Lillington towards Sanford approx. 2 miles out.

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: 15,000 Type: institution # Employees: 20 Hours of Operation: 7AM-9PM M-F
- 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
Sewage Supply: _____ New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) _____ County Sewer

Comments: may be open Sat. and Sun essentially outpatient - children and adults mental health

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.

Scottie J. VanHook
Signature of Owner or Owner's Agent

11/30/10
Date

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

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION