

Initial Application Date: 1.20.17

Application # 17.50040593

DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Anderson Creek Partners, LP Mailing Address: 125 Whispering Pines Dr

City: Spring Lake State: NC Zip: 28390 Contact # 910-814-2677 Email: andybarr@csyahoo.com

APPLICANT: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Andy Barr Phone # 919-454-4680

PROPERTY LOCATION: Subdivision: Anderson Creek Club (Academy) Lot #: _____ Lot Size: 1.9045 Ac

State Road # 1121 State Road Name: Roy Rd. Map Book & Page: 1346 198-108

Parcel: 0105350100 PIN: 0505-86-8997.600

Zoning: R420R Flood Zone: X Watershed: N/A Deed Book & Page: 1346 198-108 Power Company: South Riner

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: Lft on Main, Rt on 2700,
LFT on Nursery Rd, LFT on Roy Rd, LFT on Anderson Creek Dr,
Rt on Barbara Run EAST, Rt on Whispering Pines Dr, Rt on
Anderson Lake Dr, Rt on Scholar dr, Location 300ft on rt.

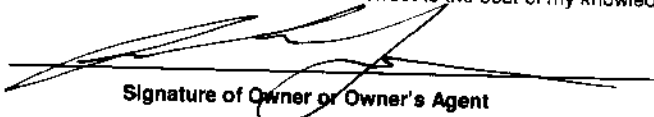
PROPOSED USE:

- 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 75 x 33) Use: Exercise facility / Pool house

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: _____


Signature of Owner or Owner's Agent

1-19-17
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