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TOWN OF LILLINGTON ZONING PERMIT APPLICATION

Planning & Inspections Department
106 West Front Street, PO Box 296 Lillington NC 27546
• phone 910-893-0311 • fax 910-893-3693
lillingtonnc.org

APPLICANT INFORMATION:

Applicant: DAVID HUANG

Address: 133 W. Cornelius Harnett Blvd. Suite A

City: Lillington State: NC Zip: 27546

Phone: 919-308-5897 Email: HIBACHI.CO@GMAIL.COM

Property Owner (if different from applicant): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PROJECT TYPE:

Zoning Permit Requested: Land Usage (new business, etc.) Construction UPFIT

Proposed Use Requested: _____ Residential Structure _____ Non-Residential Structure _____ Accessory Structure

Business Swimming Pool _____ Manufactured Home _____ Home Occupation _____ Deck / Porch

Renovation / Repair _____ Other: Restaurant

GENERAL PROJECT INFORMATION:

Project Address / Location: 133 W CORNELIUS HARNETT BLVD SUITE A

Subdivision (phase / lot number): N/A Zoning District: GB - General Business

Size of Property (in acres): 2.17 AC. Harnett Co. Tax PIN #: 0650-77-6370.000

Special Flood Hazard Area: _____ Yes No (if Yes, a Floodplain Development Permit may be required)

Watershed Information: _____ Not located in one _____ Cape Fear - Critical Cape Fear - Protected

Project Square Footage: 4,000 Project Impervious Surface Area (sf): existing

Town Jurisdiction: In-Town Limits _____ ETJ

DESCRIPTION OF WORK:

Description of work to be completed for this project:

TURN INTO A RESTAURANT

For Land Usage requests, please describe the proposed use in detail (example: provide a detailed description of proposed business)

SIGNATURE:

I / we do hereby certify that all information given above is true, complete and accurate to the best of my / our knowledge. I also authorize the Town of Lillington or a contractor on behalf of the Town to conduct a site inspection to insure compliance to this application. I also understand that this Zoning Permits will expire six (6) months from the date of issuance, if the work is not started. A final inspection is required for all development permits issued by the Town of Lillington. To schedule an inspection, please call 910-893-2654.

Allan Miller
Applicant Print Name

[Signature]
Applicant Signature

1-15-19
Date

FOR TOWN OF LILLINTON USE ONLY

Approval Denial

Permit Number: 2P-19-01

Administrator's Signature: [Signature]

Date: Jan. 15, 2019

Reason for Denial: _____