

Initial Application Date: 3.20.19

TEMPORARY LAND USE
COMMERCIAL

Application ORB # FMFW1903.000U

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

LANDOWNER: HMS K. OGDEN Mailing Address: 3035 NC 87S

City: CAMERON State: NC Zip: 28326 Contact # _____ Email: _____

APPLICANT: Robert Lee Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact # 910 8500700 Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: _____ Phone # _____

PROPERTY LOCATION: Subdivision: ANGLE CROSSINGS Lot #: B Lot Size: 4.04

State Road # _____ State Road Name: NC 24-87 Map Book & Page: 2000 74-1

Parcel: 01.9594.0089.02 PIN: 9584.69.9707

Zoning: COMM Flood Zone: V Watershed: NA Deed Book & Page: 2025.0117 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: _____

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 _____ x _____) Use: CAPITAL

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: _____

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.

Robert Lee
Signature of Owner or Owner's Agent

3.20.19
Date

Customer could not complete paperwork. Robert Lee

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



Application for Plan Review

Application # FMEW1903.0000

Date Received: 3.20.19 Received By: d. oliverson

Name of Project: Carnival @ Eagles Furniture Co

Physical Address of Project: 107 Carletta Eagle Dr

Spout Springs NC 28326

Plans Submitted By: Robert E. Liu

Project Phone: (910) 850-9700

Contact Person/Address: _____

Contact Email: _____

Contact Phone: (____) _____ - (____) _____

Contractor's Name/Info: Michael's Assessments Co
9015 Sleepyhead Dr.
WINDY NC 28356

Contractor's Phone: (____) _____ - _____

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://htweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

Food Lin

Circle structure

