

Initial Application Date: 3-22-19

Application # SIGN1903-0003

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: A&D SERVICE CENTER, LLC Mailing Address: 5061 NC 87 N

City: SANFORD State: NC Zip: 27332 Contact # 919-498-0126 Email: \_\_\_\_\_

APPLICANT\*: MICHAEL PRESNELL Mailing Address: P.O. Box 1204

City: APEX State: NC Zip: 27502 Contact # 919-210-1855 Email: metrob.11boards@yahoo.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: MIKE PRESNELL Phone # 919-210-1855

PROPERTY LOCATION: Subdivision: 5061 NC 87 N Lot #: \_\_\_\_\_ Lot Size: \_\_\_\_\_

State Road # NC 87N State Road Name: \_\_\_\_\_ Map Book&Page: 1

Parcel: \_\_\_\_\_ PIN: 9569-72-0550-000

Zoning: COMM Flood Zone: \_\_\_\_\_ Watershed: \_\_\_\_\_ Deed Book&Page: 1 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: \_\_\_\_\_

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.

Mike Presnell  
Signature of Owner or Owner's Agent

3-22-19  
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**

