



Initial Application Date: 2/17/21

Application # \_\_\_\_\_

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: TROPICAL SMOOTHIE CAFE Mailing Address: 1546 NC HWY 24/87

City: CAMERON State: NC Zip: 28526 Contact # 850-392-0781 Email: Tanya.Bissette@outletsofBrantham.com

APPLICANT\*: PARISH SIGNS & SERVICE, INC Mailing Address: PO BOX 766

City: Roseford State: NC Zip: 28572 Contact # 910-875-6121 Email: MBASS@PARISHSIGNS.COM

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Michael Bassett Phone # 910-875-6121

Address: 1546 NC HWY 24/87 PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Watershed: \_\_\_\_\_ Flood: \_\_\_\_\_ Deed Book Page: 1

Setbacks - Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

WALL SIGNAGE

**PROPOSED USE:**

Multi-Family Dwelling No. Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_

Business Sq. Ft. Retail Space: 20' 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 20' x 9'-3" Use: WALL SIGN FOR NEW BUSINESS

Water Supply: \_\_\_\_\_ County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*Must have operable water before final (Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: \_\_\_\_\_ New Septic Tank \_\_\_\_\_ Expansion \_\_\_\_\_ Relocation \_\_\_\_\_ Existing Septic Tank \_\_\_\_\_ County Sewer (Complete Environmental Health Checklist on other side of application if Septic)

**Comments:**

INSTALL CUSTOMER SUPPLIED DRIVEWAY MOUNTED LETTERS AS SHOWN ON SUPPLIED DRAWING 6

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.

Michael Bassett  
Signature of Owner or Owner's Agent

2/17/21  
Date

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

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

\*\*\*It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.\*\*\*