

Initial Application Date:	Application #
	DRB#CU#
COMMER(COUNTY OF HARNETT LAND	HSE APPLICATION
Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Malling) PO Box 65 Lillington NC 2	7546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: WS/AC LLC Mailing Add	,
City: State: Zip: Contact #	Email:
APPLICANT*: All Signs of Graphics LLC Mailing Add	ress: 301 Hope Mills Kd
City: 124 et en 112 State: 21p: 2830 Contact #910 *Please fill out applicant information if different than landowner	-323 3115 Email: tina a all Signanc, Co
CONTACT NAME APPLYING IN OFFICE:	Phone #
contact name applying in office: Address: 6779 OVENNITS Rd PIN: 05	14-07-1701,600
Zoning: Watershed: Flood: Deed Book Page:_	
Setbacks – Front: Back: Side: Corne	er:
PROPOSED USE:	
☐ Multi-Family Dwelling No. Units: No. Bedrooms/Unit;	
Business Sq. Ft. Retail Space: LF Type: Sign 30 S	4
Business Sq. Ft. Retail Space: Type: 141	# Employees: Hours of Operation:
☐ Daycare # Preschoolers:# Afterschoolers:	# Employees: Hours of Operation:
□ Industry Sq. Ft:Type:	# Employees: Hours of Operation:
☐ Church Seating Capacity: # Bathrooms:	,
Gradian Seating Capacity: # Bathrooms:	Kitchen:
Accessory/Addition/Other (Sizex) Use:	
Water Supply: County Existing Well New Well (# of dwellings L	sing well) *Must have operable water before final ell Application at the same time as New Tank)
Sewage Supply: New Septic Tank Expansion Relocation Existin	a Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application Comments:	if Septic
f permits are granted I agree to conform to all ordinances and laws of the State of Nor	
hereby state that foregoing statements are accurate and correct to the best of my kno	weage. Permit subject to revocation if false information is provided.
(In)	<u>6-16-23</u>
Signature of Owner or Owner's Agent Time (a	wein 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.

Application for Permit in Town Zoning/Areas Zoned by Municipalities

Land Owner Information; Name: MS/AC LLC Address: 6179 Everhills Rd Spring are NC 28390 Phone:	Applicant Information: Name: All Signs & Grophics LLC Address: 301 Hope Mills Rd Fagetherille VC 28304 Phone: 910-323-3115	
Property Location: E911 Address: 6119 OVCVIII3 Rd Parcel Number: 61050501- 030096 Subdivision: Lot Size: Zoning: * New structures with Progress Energy must provide premise	PIN: 0514 - 07 - 1701,000	
Specific Directions to Job from Lillington:		
Proposed Use:		
() Single Family Dwelling (Size:x Basement: Basement w/ Plumbing) # of Bedrooms: J: Deck: Slab or Crawl Space	
() Multi Family Dwelling # of Units:	# of Bedrooms/Units:	
() Manufactured Home (Size:x _ Garage: Deck:) # of Bedrooms:	
Garage: Deck: Business Square Footage Retail Space:	20 LF Type: Sign 30 Sq F	
() Industry Size:Ty		
() Home Occupation # of Rooms:	Use:	
() Addition to Existing Building Size:	Use:	
() Other:	·	
Water Supply: () County () Well () Complete Septic Checklist) () Esewage: () New Tank (Complete Septic Checklist) () Esthere is a \$750.00 charge for new tanks, \$100 for revocation if the intended use of the septic system	Existing Septic (Complete septic checklist) () Sewer rexisting tanks. This approval is subject to em changes or if false information is we certifies all information above is correct	

TOWN INFO