



Initial Application Date: \_\_\_\_\_

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

DRB # \_\_\_\_\_ CU # \_\_\_\_\_

**COMMERCIAL**

**COUNTY OF HARNETT LAND USE APPLICATION**

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt #1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: WS/AC LLC Mailing Address: P.O. Box 10189 Wilmington NC 28404

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact # \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: All Signs & Graphics LLC Mailing Address: 301 Hope Mills Rd

City: Fayetteville State: NC Zip: 28304 Contact # 910-323-3115 Email: tina@allsignsnc.com  
\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: 6779 Overhills Rd PIN: 0514-07-1701.000

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

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

**PROPOSED USE:**

- Multi-Family Dwelling No. Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_
- Business Sq. Ft. Retail Space: \_\_\_\_\_ Type: Sign 30 sq ft # 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 (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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Tina Garcia  
Signature of Owner or Owner's Agent Tina Garcia

6-16-23  
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.\*\*\*