



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: Venture Properties VI, LLC Mailing Address: PO Box 843

City: Wilksboro State: NC Zip: 28697 Contact # 919-343-3435 Email: kyndalle@capefearvalley.com

APPLICANT*: Blushfield Sign Company, Inc Mailing Address: 303 Williams St.

City: Fayetteville State: NC Zip: 28301 Contact # 910-485-7200 Email: rebecca@bcsignage.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Rebecca Bass Phone # 910-485-7200

Address: 303 Williams St. Fayetteville, NC 28301 PIN: 9586-78-3233.000

Zoning: Commercial Watershed: Flood: Minimal Deed Book Page: 2890 / 0877

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

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 78" x 115") Use: Exterior Channel Letter wall sign - Front Side
1619 Buffalo Lake Rd Sanford, NC

Water Supply: _____ County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank _____ County Sewer

Comments: *Address: 1619 Buffalo Lake Rd Sanford, NC

- Channel letters will be changing from Harnett Health to Cape Fear Valley Primary Care Buffalo Lakes.

- Existing photos are attached. + proof attached. We are NOT doing electrical only letters

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.

Rebecca Bass, Blushfield Sign Co, Inc. 10/17/24
Signature of Owner or Owner's Agent 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.*****