

| Initial Application Date: | Application # |
|---|--|
| COMMEDICAL | 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: (9 | *** |
| LANDOWNER: Lanson Land Holdings LLC Mailing Address: 435 | |
| City: Springfield State: MO Zip: 65810 Contact # | |
| APPLICANT*: Sign & Awning Systems, Inc. Mailing Address: 2785 US May 301 N City: Dunn State: NC Zip: 28334 Contact # 910-892-5900 Email: info & Signandawning. com *Please fill out applicant information if different than landowner | |
| City: State: NC _ Zip: <u>28334</u> _ Contact # <u>910-893-590</u> | 00 Email: info & signandawning. com |
| CONTACT NAME APPLYING IN OFFICE: Maren Taylor for SAS | 010 802 5000 |
| | |
| Address: 1185 Sadler Rd. Dunn, NC PIN: 1527-96-8272.000 | |
| Zoning: COMM Watershed: Flood: Deed Book Page: 4225 / I | <u>408</u> . |
| Setbacks - Front: Back: Side: Corner: | <u></u> |
| PROPOSED USE: | |
| ☐ Multi-Family Dwelling No. Units: No. Bedrooms/Unit: | |
| | |
| □ Business Sq. Ft. Retail Space:# Emp | loyees: Hours of Operation: |
| □ Daycare # Preschoolers:# Afterschoolers:# Employee | s: Hours of Operation: |
| □ Industry Sq. Ft:# Employee | s: Hours of Operation: |
| ☐ Church Seating Capacity: # Bathrooms: | Kitchen: |
| Accessory/Addition/Other (Size 161" x 38.5") Use: Channel Letter ID Wall sign | |
| 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 | |
| (Complete Environmental Health Checklist on other side of application if Septic | |
| Comments: | |
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| | |
| 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. | |
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| Floren Laylor for OID | HI LACA |
| 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.