



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: Chalybeate Springs Baptist Mailing Address: 238 Chalybeate Rd.

City: Fuquay-Varina State: NC Zip: 27526 Contact # \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: Subbie Landell/Advance Signs Mailing Address: PO Box 1090

City: Angier State: NC Zip: 27501 Contact # 919-639-4666 Email: debra.landell@advance signservice.com

\*Please fill out applicant information if different than landowner

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

Address: 238 Chalybeate Rd, FV PIN: 0653-49-5363.000

Zoning: RA30-40 Watershed: \_\_\_\_\_ Flood: \_\_\_\_\_ Deed Book Page: \_\_\_\_\_

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

#### 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 \_\_\_\_\_ x \_\_\_\_\_) Use: sign cabinet replacement using existing brick structure

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.

[Signature]  
Signature of Owner or Owner's Agent

1-21-25  
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.\*\*\*