



Residential Conditional Use Permit

Planning Department
108 E. Front Street
P.O. Box 65, Lillington, NC 27546
Phone: (910) 893-7525 Fax: (910) 893-2793

Total Fee: \$175.00

Receipt: _____

Permit: _____

Date: _____

Case #: _____

Applicant Information

Owner of Record:

Name: _____
Address: _____
City/State/Zip: _____
E-mail: _____
Phone: _____

Applicant:

Name: _____
Address: _____
City/State/Zip: _____
E-mail: _____
Phone: _____

Property Description

PIN(s): _____ Acreage: _____ acres
Address/SR No.: _____
Directions from Lillington: _____

Deed Book: _____ Page: _____ Plat Book: _____ Page: _____
Zoning District: _____ Township: _____
Flood Plain & Panel: _____ Watershed Dist: _____
Water: Public (Harnett County) Private (Well) Sewer: Public (Harnett County) Private (Septic Tank)

Requested Use:

Conditional Use for _____

Required Information: (Applications will not be accepted without this information)

1. Is an Erosion and Sedimentation Control Plan required? No Yes
If yes, is one on file? No Yes (Please attach a copy to your application)
2. It is recommended that all non-residential developments have preliminary discussions with NC DOT concerning driveways and other traffic issues for each project. Has this been done? No Yes
Date of Meeting: _____ NCDOT Contact: _____
3. Is a Driveway Permit required? No Yes
If yes, is one on file? No Yes (Please attach a copy to your application)
4. Have you contacted applicable local, state, and federal agencies regarding building, fire, and other possible code compliance issues? No Yes

Sketch Plan Required: Provide a sketch plan along with application. It is *strongly encouraged* that sketch plans be prepared by a NC Professional Land Surveyor and that it meet the following (as applicable):

TITLE BLOCK INFORMATION	
Name of Project & Date (Including all Revision Dates)	<input type="checkbox"/>
Applicant/Owner(s) Contact Information (Name, Address, & Phone)	<input type="checkbox"/>
Surveyor/Engineer Contact Information (Name, Address, & Phone)	<input type="checkbox"/>
Parcel ID Number/Tax ID of Tract(s)	<input type="checkbox"/>
Deed Reference of Tract(s)	<input type="checkbox"/>
Zoning Classification of Tract(s)	<input type="checkbox"/>
Location (Including Township, County, & State)	<input type="checkbox"/>
Flood Plain Depicted & Noted (Zone, Map Number, & Effective Date)	<input type="checkbox"/>
Watershed District Noted & Extent of Coverage Depicted	<input type="checkbox"/>
GENERAL REQUIREMENTS	
Map Size 22" x 34" & Scale 1"=100' or Larger	<input type="checkbox"/>
North Point, Graphic Scale, & Vicinity Map	<input type="checkbox"/>
Name(s) & Location(s) of Adjacent Property Owner(s) & Use(s)	<input type="checkbox"/>
Existing Boundaries of Tract(s) Showing Bearings & Distances	<input type="checkbox"/>
Gross Acreage of Development	<input type="checkbox"/>
Name(s) & Right(s)-of-way of Streets & State Road Number(s), Including Notation of Public or Private	<input type="checkbox"/>
Name, Location, Width, & Acreage of Additional Easement(s) & Right(s)-of-way Within or Adjacent to Site	<input type="checkbox"/>
Building Envelope & Required Setbacks	<input type="checkbox"/>
Existing & Proposed Utilities	<input type="checkbox"/>
Existing Structure(s) Located on Site	<input type="checkbox"/>
Fire Hydrant(s) & Street Light(s) Noted	<input type="checkbox"/>
BUFFERING REQUIREMENTS	
Buffering Regulations (Per Harnett County Zoning Ordinance)	<input type="checkbox"/>

Signatures

I, as the landowner, hereby CERTIFY that the information contained herein is true to the best of my knowledge; and by accepting this Permit (if approved) shall in every respect conform to the terms of this application and to the provisions of the Statutes and Ordinances regulating development in Harnett County. Any VIOLATION of the terms above stated immediately REVOKES this Permit. I further understand this structure is not to be occupied until a CERTIFICATE OF OCCUPANCY is issued. This Permit expires 12 months (1 year) after the date the Permit is granted by the Harnett County Board of Adjustment.

Property Owner Signature

Date

Written Statement

*** Applicant is required to answer the following questions under oath at the Board of Adjustment Meeting – Please print answers ***

Public Convenience & Welfare

1. Why are you requesting this use? _____

2. Why is this use essential or desirable to you? _____

3. Why is this use essential or desirable to the citizens of Harnett County? _____

On-site & Surrounding Land Uses

4. What is on the property now? _____

5. What uses are on the surrounding properties in the general vicinity? _____

6. How will the use you are requesting affect the surrounding properties, residents and businesses in the area? Describe in detail **why and how** it will or will not affect the surrounding area. _____

Utilities, Access Roads, Drainage, etc...

7. Please select one: Public (County) Water Private Well
 Public (County) Sewer Private Septic Tank

8. Describe the driveway (width and surface) that you will be using to enter and exit the property. _____

9. Describe the drainage of this property. _____

10. How is your trash and garbage going to get to the landfill? _____

Traffic

11. Describe the traffic conditions and sight distances at the State Road that serves the property. _____

12. What is the approximate distance between your driveway and the next nearest driveway or intersection? _____

Conditions

13. State any conditions that you would be willing to consider as part of the approved Conditional Use Permit. _____

14. Additional Comments the Board should consider in reviewing your application: _____

Action by the Board of Adjustment

The Board of Adjustment shall approve, modify, or deny the Application for Conditional Use Permit following the Public Hearing. In granting a Conditional Use Permit, the Board of Adjustment shall make written findings that the applicable regulations of the district in which it is located are fulfilled. With due regard to the nature and state of all adjacent structures and uses, the district within which it is located and official plans for future development, the Board of Adjustment shall also make written findings that the following provisions are fulfilled:

- 3.1 The requested use **is** in harmony with the surrounding area and compatible with the surrounding neighborhood.
- 3.2 The requested use **will not** materially endanger the public health and safety.
- 3.3 The requested use **will not** substantially injure the value of adjoining property, **or**, alternatively, the requested use **is** or **will be** a public necessity.
- 3.4 The requested use **will** meet all required conditions and specifications.
- 3.5 The requested use **is** in general conformance with the Harnett County Unified Development Ordinance (UDO), Land Use Plan, and other relevant adopted plans.

Note: There must be three (3) Board of Adjustment members present at the meeting to hear a request for a Conditional Use Permit. A concurring vote from the simple majority of the Board shall be necessary to grant a Conditional Use permit.

** I have received and read the above statement:

Signature

Date