



Initial Application Date: 12/6/18

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

**COMMERCIAL**

**COUNTY OF HARNETT LAND USE APPLICATION**

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Campbell University Mailing Address: 143 Main St

City: Bies Creek State: NC Zip: 27506 Contact # 910-893-1610 Email: johnsonr@campbell-edu

APPLICANT\*: SFC, LLC Mailing Address: PO Box 4200

City: Bies Creek State: NC Zip: 27506 Contact # 919-805-0664 Email: bretts@si-nc.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Brett Strickland Phone # 919-805-0664

Address: 200 Day Dawn Road PIN: 0670-53-1737.000

Deed Book Page: 1

**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: Interior Renovation Dorm to Admin Bldg

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: Old Dorm Renovation to Admin Offices

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

12-3-18  
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.\*\*\***

**\*This application expires 6 months from the initial date if permits have not been issued\***



\*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

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

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Campbell University Date: 12-3-18

Site Address: 200 Day Dorm Road Buies Creek, NC 27506 Phone: 910-893-1610

Description of Proposed Work: Renovation of existing vacant dorm

**General Contractor Information:** Building Cost \$ 250,000.00

SEC, LLC  
Building Contractor's Company Name

919-805-0664  
Telephone

PO Box 4000 Buies Creek, NC 27506  
Address

bretts@si-nc.com  
Email Address

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation

62649  
License #

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

\_\_\_\_\_  
Electrical Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
License #

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

\_\_\_\_\_  
Mechanical Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
License #

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

\_\_\_\_\_  
Plumbing Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
License #

**Insulation Contractor Information**

\_\_\_\_\_  
Insulation Contractor's Company Name & Address

\_\_\_\_\_  
Telephone

**\*NOTE: General Contractor must fill out and sign the second page of this application**



**Sprinkler Contractor Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
License #

**Fire Alarm Contractor Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of Officer(s) of Corporation

\_\_\_\_\_  
License #

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?  Yes  No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

**Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.**

  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

12-3-18  
\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

General Contractor     Owner     Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title:  VP

Date: 12-3-18



## Application for Plan Review

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

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Name of Project: Day Hall Renovation

Physical Address of Project: 200 Day Dorm Road

Buies Creek, NC 27506

Plans Submitted By: SFC, LLC

Project Phone: (919)-805-0664

Contact Person/Address: Brett Strickland

PO Box 4200

Buies Creek, NC 27506

Contact Email: bretts@si-nc.com

Contact Phone: (919)-805-0664 (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Contractor's Name/Info: SFC, LLC

PO Box 4200

Buies Creek, NC 27506

Contractor's Phone: (919)-805-0664

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.



Google Maps Day Dorm Rd



Image capture: Oct 2007 © 2018 Google

Lillington, North Carolina

Google, Inc.

Street View - Oct 2007

Print this page



**Property Description:**

85.59 CALC ACRES CAMPBELLMCKAY C/A

**Harnett County GIS**

PID: 110670 0264

PIN: 0670-53-1737.000

REID: 0005858

Subdivision:

Taxable Acreage: 85.590 AC ac

Caclulated Acreage: 91.25 ac

Account Number: 1100152000

Owners: CAMPBELL UNIVERSITY

Owner Address : PO BOX 97 BUIES CREEK, NC 27506-0097

Property Address: 4695 US 421 S LILLINGTON, NC 27546

City, State, Zip: LILLINGTON, NC, 27546

Building Count: 1

Township Code: 11

Fire Code:

Parcel Building Value: \$75040

Parcel Outbuilding Value : \$130920

Parcel Land Value : \$492010

Parcel Special Land Value : \$0

Total Value : \$697970

Parcel Deferred Value : \$0

Total Assessed Value : \$697970

Neighborhood: 01100

Actual Year Built: 1945

TotalAcutalAreaHeated: 1639 Sq/Ft

Sale Month and Year: 8 / 1971

Sale Price: \$0

Deed Book & Page: 561-0009

Deed Date: 1971/08/06

Plat Book & Page: -

Instrument Type: WD

Vacant or Improved:

QualifiedCode: D

Transfer or Split: T

Prior Building Value: \$48200

Prior Outbuilding Value : \$145470

Prior Land Value : \$599510

Prior Special Land Value : \$0

Prior Deferred Value : \$0

Prior Assessed Value : \$793180

