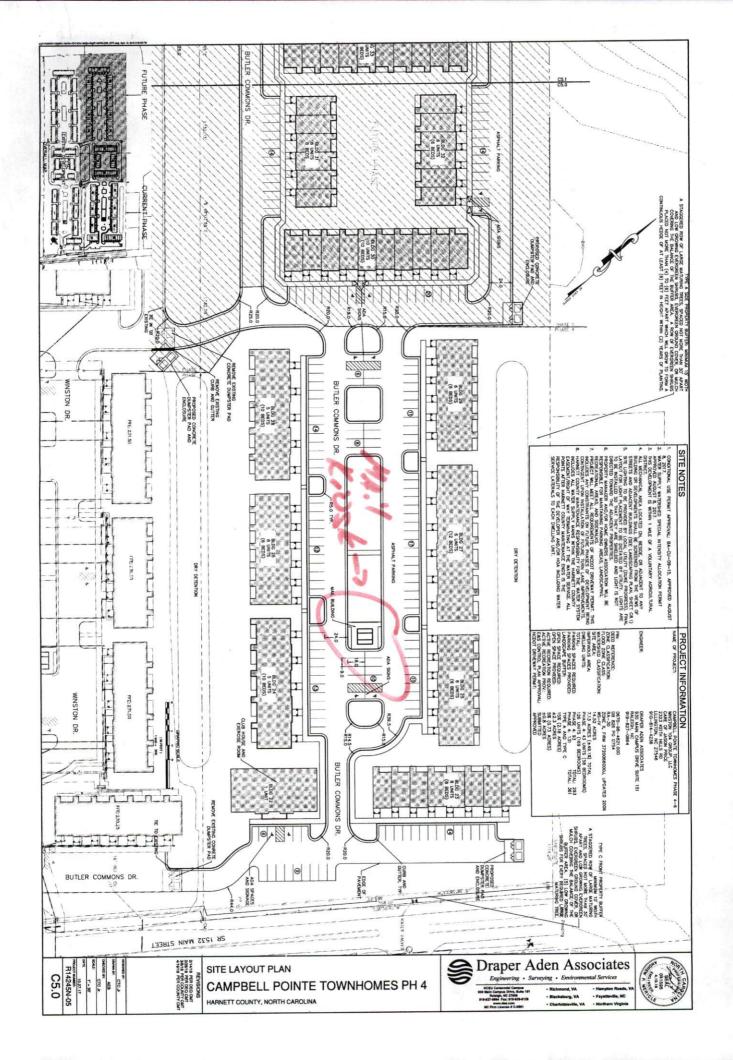


Initial Application Date: 3/14/19	Appli	cation # 1500 1903 - 00	
		#CU #	
c	COMMERCIAL OUNTY OF HARNETT LAND USE APPLICATION		
Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546	(Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-752		
LANDOWNER: Campbell Pointe Partners LLC	Mailing Address: 2323 Keith		
city: Lillington state: NC	Zip: 27546 Contact # 910 814 4236	Email: jpriceconstruction@yahoo.com	
APPLICANT*:Mailing Address:			
City: State: *Please fill out applicant information if different than landowner	Zip: Contact #	_ Email:	
CONTACT NAME APPLYING IN OFFICE: Jason Pi			
	NC 0670 98 4831 000	one # 910 814 4236	
Address: 2323 Keith Hills Road Lillington NC PIN: 0670-98-4821.000			
Deed Book Page: 3587: , 0461			
PROPOSED USE:			
Multi-Family Dwelling No. Units:	No. Bedrooms/Unit:		
Business Sq. Ft. Retail Space:Ty	pe:# Employees: _	Hours of Operation:	
Daycare # Preschoolers:#	Afterschoolers;# Employees:	Hours of Operation:	
☐ Industry Sq. Ft: Type:	# Employees:	Hours of Operation:	
Church Seating Capacity:	# Bathrooms: Kitche	en:	
Accessory/Addition/Other (Size 18' x 18') Use:			
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 Checkli	st on other side of application if Septic		
Comments:			
If permits are granted I agree to conform to all ordinance	s 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 subje	ct to revocation if false information is provided.	
12/1	3,	114/19	
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.

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 Pointe Partners LLC	Date: 3/14/19
Site Address: 110 Butler Commons Drive Lillington NC 27546	Phone: 910 814 4236
Description of Proposed Work: Mail Box Kiosk	
General Contractor Information: Building Cost \$	15,000
Jason Price Construction, INC.	910 814 4236
Building Contractor's Company Name	Telephone
2323 Keith Hills Road	jpriceconstruction@yahoo.com
Address	Email Address
	50859
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Description of Work Mail Sax Suiles Service Size: 100	Amps #T-Poles
W3 Electric	919 550 7341
Electrical Contractor's Company Name	Telephone
PO Box 508 · Clayton, NC 27528	ewigley@w3electric.com
Address /	Email Address
	11452-U
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Co	st \$
Description of Work	# Units
No.	Telephone
Mechanical Contractor's Company Name	relephone
Address	Email Address
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
	Email Address
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	Telephone
insulation contractor's company Hame & Address	

*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	Date 2/19/19		
Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
General Contractor Owner Officer/Age	ent 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:	Date: 3/14/19		