



Initial Application Date: _____

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: NORTHPOINT LAKE CHARLES LLC Mailing Address: 5272 RIVER RD ST 400

City: BETHESDA State: MD Zip: 20816 Contact # 301-913-9013 Email: _____

APPLICANT*: ALLEN BATES Mailing Address: 3004 CRICKET RD

City: FAYETTEVILLE State: NC Zip: 28306 Contact # 910 425 1751 Email: BEDROCKBUILDERS @

*Please fill out applicant information if different than landowner

HOTMAIL.COM

CONTACT NAME APPLYING IN OFFICE: ALLEN BATES Phone # 910-425-1751

Address: 842-A AZALEA RD Sp. LAKE PIN: _____

Deed Book Page: 1

PROPOSED USE:

- Multi-Family Dwelling No. Units: 3 No. Bedrooms/Unit: 2
- 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: _____

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: FIRE RESTORATION - INTERIOR ONLY

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.

Allen B Bates
Signature of Owner or Owner's Agent

5-14-19
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

ELcom 1905-0008
PLcom 1905-0004
MLcom 1905-0005
BCOM 1905-0005

*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: NORTHPOINT LAKE CHARLES LLC Date: 5-14-19
Site Address: 842-A AZALEA DR SPRING LAKE Phone: 910 436 3328
Description of Proposed Work: FIRE RESTORATION

General Contractor Information: Building Cost \$ 67500.00

BEDROCK BUILDERS Telephone 910-425-1751
Building Contractor's Company Name
3004 CRICKET RD Email Address BEDROCKBUILDERS@HOTMAIL.COM
Address FAYETTEVILLE NC 28306 License # NC 26637

Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Contractor Information: Electrical Cost \$ 12,500.00
Description of Work _____ Service Size: _____ Amps #T-Poles _____
ANDERSONS ELECTRICAL Telephone 910-224-6969
Electrical Contractor's Company Name
P.O. BOX 142 SPRING LAKE Email Address ANDERSONELECTRICAL@MAIL.COM
Address STP License # U-31675

Mechanical Contractor Information: Mechanical Cost \$ 17,331.87

Description of Work _____ # Units _____
TOTAL SYSTEMS HEATING AND COOLING Telephone 910-436-3450
Mechanical Contractor's Company Name
13341 HWY 210 SPRING LAKE Email Address SERVICE@TOTALSYSTEMSNC.COM
Address License # 28846

Signature of Owner/Contractor/Officer(s) of Corporation
Plumbing Contractor Information: Plumbing Cost \$ 35,000.00

Description of Work _____ # Baths _____
RYAN C. ANDERSON Telephone 910-224-6969
Plumbing Contractor's Company Name
1030 RIVERSIDE CIRCLE SPRING LAKE Email Address P1-34162
Address License # _____

Insulation Contractor Information

A-1 INSULATION 2069 YARBOROUGH RD Telephone 910-429-2990
Insulation Contractor's Company Name & Address ST. PAULS

***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.

Allen B Bates

5-14-19

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

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: *Allen B Bates - OWNER*

Date: *5-14-19*