



Initial Application Date: 7-3-19

Application # BL0M1907-0001
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: Grace Community Church of Harnett County Mailing Address: PO Box 1505 Angier, NC 27501

City: Angier State: NC Zip: 27501 Contact # _____ Email: _____

APPLICANT*: Butler Homes LLC Mailing Address: 145 Baptist Grove Rd.

City: Fuquay Varina State: NC Zip: 27526 Contact # (919) 616-6902 Email: steven@butlerhomesusa.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Steven Eisenberg Phone # (919) 616-6902

Address: 145 Baptist Grove Rd PIN: 0662-12-4826.00

Zoning: RA-30 Watershed: WS-1V Flood: Min Flood Risk Deed Book Page: 1424 1980

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: 385 # Bathrooms: 4 Kitchen: Yes

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: _____

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

7/3/19
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



Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application # BL0m1907-0001
ECom1907-0001
mCom1907-000

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Grace Community Church of Harnett County Date: _____

Site Address: 2160 Harnett Central Rd. Angier, NC 27501 Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: removal of non load bearing wall to open lobby area up

General Contractor Information

Butler Homes LLC \$19,239 (919) 616-6902
Building Contractor's Company Name Telephone

145 Baptist Grove Rd Fuquay Varina, NC 27526 stevens@butlerhomesusa.com
Address Email Address

NC 82620
License #

Electrical Contractor Information

Description of Work removal of outlets & switches, + LED upgrade in lobby Service Size: _____ Amps T-Pole: Yes No

Combs Electric Group, LLC 5400 (919) 337-5493
Electrical Contractor's Company Name Telephone

3509 Meadowhaven Drive Apex, NC 27539 admin@combselectricgroup.com
Address Email Address

unlimited NC 30533
License #

Mechanical/HVAC Contractor Information

Description of Work Relocation of T Stat minor HVAC Modifications 913

Total Systems Heating & Cooling INC (919) 436-3450
Mechanical Contractor's Company Name Telephone

13341 Hwy 210 South Spring Lake, NC 28390 service@totalystemsnc.com
Address Email Address

28846
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

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

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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 as per current fee schedule.

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

7/3/17
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: *[Signature]* owner Date: _____