



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: Fairway Pointe LLC Mailing Address: 125 Whispering Pines dr  
City: Spring Lake State: NC Zip: 28390 Contact # 910-814-2633 Email: andybarr40@yahoo.com

APPLICANT\*: Fairway Pointe LLC Mailing Address: 125 Whispering Pines Dr.  
City: Spring Lake State: NC Zip: 28390 Contact # 910-814-2633 Email: andybarr40@yahoo.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Andy Barr Phone # 919-454-4680

Address: \_\_\_\_\_ PIN: \_\_\_\_\_

Deed Book Page: \_\_\_\_\_ / \_\_\_\_\_

**PROPOSED USE:**

- Multi-Family Dwelling No. Units: 10 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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\***



APPLICATION CONTINUES ON BACK

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

**\*This application to be filled out when applying for a septic system inspection.\***

**County Health Department Application for Improvement Permit and/or Authorization to Construct**

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

**Environmental Health New Septic System**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

**Environmental Health Existing Tank Inspections**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (if possible) and then **put lid back in place.** (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

**"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"**

**SEPTIC**

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

- Accepted     
  Innovative     
  Conventional     
  Any  
 Alternative     
  Other \_\_\_\_\_

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- YES     NO    Does the site contain any Jurisdictional Wetlands?  
 YES     NO    Do you plan to have an irrigation system now or in the future?  
 YES     NO    Does or will the building contain any drains? Please explain. Floor drains on balconies  
 YES     NO    Are there any existing wells, springs, waterlines or Wastewater Systems on this property?  
 YES     NO    Is any wastewater going to be generated on the site other than domestic sewage?  
 YES     NO    Is the site subject to approval by any other Public Agency?  
 YES     NO    Are there any Easements or Right of Ways on this property?  
 YES     NO    Does the site contain any existing water, cable, phone or underground electric lines?

If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

**I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.**



\*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: Fairway Pointe LLC Date: 7-3-19  
Site Address: Bldg #17 Phone: 919-454-4680

Directions to job site from Lillington: RT ON TO HWY 27, LFT ON NURSERY,  
LFT ON RAY Rd, LFT ON ANDERSON CREEK DR, RT ONTO  
BARONS GUN EAST, RT ONTO WHISPERING PINES DR, LFT ONTO GALLERY DR.

Subdivision: Anderson Creek Club Lot: #17

Description of Proposed Work: CONSTRUCT CONDO

Heated SF 19,842 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 692,000  
ANDERSON CREEK DEV. Telephone 910-814-2633  
Building Contractor's Company Name  
125 Whispering Pines Dr. Spring Lake NC 28390  
Address andybarr40@yahoo.com  
Email Address  
66285  
License # \_\_\_\_\_

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

**Electrical Contractor Information:** Electrical Cost \$ 943,000  
Description of Work Wire/Trim out Service Size: 200 x 10 Amps #T-Poles 1

Pioneer Electric, Inc. Telephone 919-499-7767  
Electrical Contractor's Company Name  
80 Neill Thomas Rd. Lillington NC 27546  
Address pioneerelectric@earthlink.net  
Email Address  
21643-0  
License # \_\_\_\_\_

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

**Mechanical Contractor Information:** Mechanical Cost \$ 55,000  
Description of Work Rough in and trim out HVAC # Units \_\_\_\_\_

Total Systems Heating and Cooling, Inc. Telephone 910-436-3450  
Mechanical Contractor's Company Name  
13341 Hwy 210 South Spring Lake NC 28390  
Address \_\_\_\_\_  
Email Address  
28846 H2/H3  
License # \_\_\_\_\_

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

**Plumbing Contractor Information:** Plumbing Cost \$ 63,000  
Description of Work Rough In and trim out Plumbing # Baths 20

Wagner Plumbing, Inc. Telephone 910-890-2299  
Plumbing Contractor's Company Name  
555 Tirzah Dr. Lillington NC  
Address wagnerplumbing@yahoo.com  
Email Address  
31576  
License # \_\_\_\_\_

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

**Insulation Contractor Information**

Tri-City Insulation Telephone 910-237-0910  
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**

Holmes Electric Security \_\_\_\_\_ 910-483-6922 \_\_\_\_\_  
Fire Alarm Contractor's Company Name Telephone

127 HAY ST. FAYETTEVILLE NC 28301 \_\_\_\_\_ Schweder Holmes Electric Security, Inc \_\_\_\_\_  
Address Email Address

[Signature] \_\_\_\_\_ 10174 SP-LV \_\_\_\_\_  
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] \_\_\_\_\_ 7-1-19 \_\_\_\_\_  
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

Company or Name: ANDERSON CREEK DEV. INC. \_\_\_\_\_

Sign w/Title: [Signature] PROJECT Mgr. \_\_\_\_\_ Date: 7-1-19 \_\_\_\_\_





# Application for Plan Review

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

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

Name of Project: Fairway Pointe Condominium

Physical Address of Project: \_\_\_\_\_

Spring Lake NC 28390

Plans Submitted By: Andy Barr

Project Phone: (919)-454-4680

Contact Person/Address: Andy Barr

125 Whispering Pines Dr.  
Spring Lake NC 28390

Contact Phone: (910)-814-2633 (919)-454-4680

Contractor's Name/Info: Anderson Creek Dev.

125 Whispering Pines Dr  
Spring Lake NC 28390

Contractor's Phone: (910)-814-2633

- 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.