



*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: Carrhell University Date: 7-16-20
Site Address: 143 Main St. Byles Creek, NC 27506 Phone: 910-893-1610
Description of Proposed Work: Interior Alteration Marshbanks

General Contractor Information: Building Cost \$ 25,000.00

SEC, LLC 919-805-0664
Building Contractor's Company Name Telephone
PO Box 4200 Byles Creek, NC 27506
Address Email Address
[Signature] 62649
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 7,000.00

Description of Work _____ Service Size: _____ Amps #T-Poles _____
Young's Electric, Inc 919-639-2297
Electrical Contractor's Company Name Telephone
PO Box 398 Angier, NC 27501
Address Email Address
[Signature] 62649
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	_____ Date
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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: 7-16-20
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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: Campbell University Mailing Address: 143 Main St.

City: Bies Creek State: NC Zip: 27506 Contact # 910-893-1610 Email: phillips@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: 234 Day Dorm Rd. Lillington, NC PIN: _____

Zoning: _____ Watershed: _____ Flood: _____ Deed Book Page: 1

Setbacks – Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: _____ Type: classroom attention # 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]
Signature of Owner or Owner's Agent

7-16-20
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.*****



Application for Plan Review

Application # _____ - _____

Date Received: _____ Received By: _____

Name of Project: CU Marshbanks Classroom Alterations (Covid-19)

Physical Address of Project: 234 Day Dawn Rd.

Lillington, NC 27546

Plans Submitted By: SFC, LLC

Project Phone: (919) - 805 - 0664

Contact Person/Address: Brett Strickland

919-805-0664

Contact Email: bretts@sf-nc.com

Contact Phone: (919) - 805 - 0664 (____) - ____ - ____

Contractor's Name/Info: SFC, LLC

110 Box 4200

Brier Creek, NC 27506

Contractor's Phone: (910) - 823 - 8486

- 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.

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1275944

Filed on: 07/16/2020

Initially filed by: Bstrick89

Designated Lien Agent

Premier Land Title Insurance Company

Online: www.liensnc.com (<mailto:support@liensnc.com>)

Address: 19 W. Hargett St., Suite 507 /
Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com (<mailto:support@liensnc.com>)

Project Property

234 Day Dorm Rd.
Lillington, NC 27546
Harnett County

Property Type

Other

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner Information

Campbell University
143 Main St.
Buires Creek, NC 27506
United States
Email: bretts@si-nc.com
Phone: 919-805-0664

Date of First Furnishing

07/16/2020

View Comments (0)

Technical Support Hotline: (888) 690-7384