



Application for Plan Review

Application # _____

Date Received: _____ Received By: _____

Name of Project: New Life First Foundations Preschool

Physical Address of Project: 7022 Elliott Bridge Road

Spring Lake, NC 28390

Plans Submitted By: Austin Swinson

Project Phone: (910) 224-5939

Contact Person/Address: 3222 Duck Pond Road

Linden, NC 28356

Austin Swinson

Contact Email: austin.swinson@yahoo.com

Contact Phone: (910) 224-5939

Contractor's Name/Info: N/A

Contractor's Phone: (N/A)

- 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.



Initial Application Date: 8/10/20

Application # _____
DRB # _____
CU # _____

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: New L.F. Washp (ent) Mailing Address: P.O. Box 3
City: Linden State: NC Zip: 27356 Contact # 910-224-5939 Email: Justin.Swanson@yahoo

APPLICANT*: Mailing Address: _____
City: _____ State: _____ Zip: _____ Contact # _____ Email: _____
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Justin Swanson Phone # 910-224-5939
Address: 7022 Elliott Ridge Rd PIN: 0534-76-6021.000
Zoning: RH-20R Watershed: NO Flood: Minimal Deed Book Page: 32301.0060

PROPOSED USE:

- Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____
- Business Sq. Ft. Retail Space: _____ Type: _____ Employees: _____ Hours of Operation: _____
- Daycare # Preschoolers: 20 # Afterschoolers: 10 # Employees: 4 Hours of Operation: 6am-6pm
- Industry Sq. Ft.: _____ Type: _____ Employees: _____ Hours of Operation: _____
- Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____
- Accessory/Addition/Other (Size) _____ 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: This is an existing building on our property that is currently used for children on Sundays. We are wanting to use this building during the week for preschool. (This building was recently installed 11/6/19)

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 _____
Date 8/10/20

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/applicant's 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

ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT

COUNTY _____ DATE OF INSPECTION _____ Facility ID # _____
 Please complete all items below. If not applicable, check N/A in the box with a written explanation attached.

Name of Facility _____ Adult _____ Child _____
 Address _____ Phone _____
 City _____ Zip _____ Responsible Party _____

GENERAL PRECAUTIONS:

1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.	YES	NO	N/A
2. Clearance from ignition sources & combustible materials maintained.			

EMERGENCY PLANNING:

3. Approved evacuation plan posted.	YES	NO	N/A
4. Evidence of monthly fire drills posted.			
5. Record of employee training in fire prevention/evacuation & annual fire safety training on site.			

FIRE SERVICE FEATURES:

6. Street Number posted. (Contrasting color to building & height 4" or more.)	YES	NO	N/A
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6").			
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.			

BUILDING SERVICES AND SYSTEMS:

9. Approved heating system, listed. (No fuel burning or portable electric space heaters.)	YES	NO	N/A
10. Emergency lighting/exit lights in good operating order.			
11. Electrical panels clear of storage. (Minimum 30")			
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)			
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.			

FIRE RESISTANCE RATED CONSTRUCTION:

14. Required fire resistant rating maintained. (Walls, partitions, floors)	YES	NO	N/A
15. Door-hold open devices/automatic door closures operating properly.			

INTERIOR DECORATIONS & FURNISHINGS:

16. No storage of clothing/personal effects in corridors & lobbies.	YES	NO	N/A
17. Maximum 10% of decorative materials covering walls. Does not apply to artwork & teaching material in classroom. Nothing suspended from ceiling			
18. 20% maximum coverage for artwork & teaching material located on corridor walls.			
19. Exits free of obstructions.			

FIRE PROTECTION:

20. Sprinkler system maintained with annual test reports provided.	YES	NO	N/A
21. Smoke detector/fire alarm system maintained with annual test reports provided.			
22. Approved extinguishers mounted properly & in good working order.			
23. Cooking suppression systems & hood exhaust properly maintained.			
24. Protective guards (such as screens) on fuel burning furnaces or fireplaces provided.			

MEANS OF EGRESS:

25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.	YES	NO	N/A
26. All locking devices on exit doors are of an approved type.			
27. Yards & fencing to allow unobstructed exit to exterior of site.			

Approved for day time care only
 Approved for day time and night care
 At the time of this inspection, the fire safety conditions in this facility were: Satisfactory Unsatisfactory

Inspector _____ Phone _____

Identification # _____
County _____
Date of Inspection _____

BUILDING INSPECTORS INSPECTION FORM FOR CHILD CARE CENTERS

NAME OF OPERATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUILDING INSPECTORS CERTIFICATE

1. The areas in the building that are designated as the licensed space are required by the licensing agency to meet the Building Code in effect when an application for licensure is submitted to the regulating agency.

Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes _____ No _____

2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the children is provided:

3. Are any of the above violations of a life safety concern? Yes _____ No _____

If yes, please list question numbers _____

4. In your opinion based on the violations listed above, do you recommend that the Division of Child Development issue a provisional license to allow time for correction of the violations? Yes _____ No _____

If yes, how long (30-60-90 days) and for which violations? _____

(Note: All violations must be corrected before a license can be issued unless a provisional time period is recommended or equivalent protection is documented.)

5. Number of rooms approved for occupancy by children? _____
(Attach sketch of building with rooms identified)

6. Specify any local zoning restriction: _____

Signature of Inspector _____/Date _____

Jurisdiction _____/Phone: _____

The Inspectors Certificate and Building Inspection Form is required to be completed in its entirety before the Division of Child Development (DCD) can consider the document complete. All questions must be answered; any NO answers must have a written explanation.

This form was developed through the cooperation of the Division of Child Development and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

Prepare in quadruplicate: Original & copy to DCD, 1 copy kept by inspector, 1 copy kept by operator.

Identification # _____
 County _____
 Date of Inspection _____

CHILD CARE BUILDING INSPECTION FORM

SECTION A: The following general questions should be answered for BOTH Educational and Institutional type occupancies.

LIGHT & VENTILATION

1. Is the total area of all windows in the child care room equal to or greater than 8% of the floor area or is artificial light provided? Yes _____ No _____

2.a. Does the room have natural ventilation from a minimum amount of operable window or door area to the outside that would allow a clear opening that is equal to or greater than 4% or more of the floor area? (If NO, go to question 2b).
 Is space mechanically ventilated as required by North Carolina Mechanical Code? (N/A if an existing building) Yes _____ No _____

b. Does this building have a manually operated fire alarm system (electrically installed system with pull box stations)? Yes _____ No _____

3. Are there at least 2 exits (doors, stairs, smoke proof towers, ramps, or horizontal exits) remote from each other on each floor or fire section of the building? Yes _____ No _____

4. Is the exit capacity adequate? Yes _____ No _____

5. Are all means of egress adequately illuminated at all times that the building is occupied? Yes _____ No _____

6. Are the means of egress identified by readily visible exit signs when the exit or way to reach it is not immediately obvious to the occupants? Yes _____ No _____

7. Is emergency power provided for centers with more than 300 occupants or for centers providing night care as required by the Building Code? Yes _____ No _____

8. Are all means of egress unobstructed without passing through a closet, storage area, kitchen, restroom, or other hazardous space? Yes _____ No _____

9. Are all exit corridors a minimum 1-hour fire resistance? (If yes, go to Question 12) (N/A applies only if there are no corridors) Yes _____ No _____

10. If corridors are not 1 hour fire rated, do all child care rooms, spaces, and areas have a direct level of discharge exit to the outside? Yes _____ No _____

11. Do all corridors, ramps, and passageways have a minimum 6 feet clear width in all areas serving as means of egress for capacity of 100 or more? (N/A if capacity is less than 100)
 a. Are all corridors, ramps, and passageways not less than 44" clear width in all areas serving as means of egress for capacity of less than 100? (N/A if capacity is more than 100) Yes _____ No _____

12. Are all dead-end corridors no more than 20 feet in length? (N/A applies only if no dead-end occurs) Yes _____ No _____

13. Are all dead-end corridors no more than 20 feet in length? (N/A applies only if no dead-end occurs) Yes _____ No _____

EXITS

FIRE

14. Do all doors have a minimum clear opening width of 32" (min. door width of 36") in the following locations:

a. between occupied rooms and required exits?

b. exit doors leading to the exterior?

Yes _____
No _____

15. Are all doors in the line of exit travel a swinging door (side hinged)?

Yes _____
No _____

16. Do doors to rooms that accommodate more than 50 people swing in the

direction of travel?

(N/A applies if room accommodates less than 50 people)

Yes _____
No _____

17a. Do all required egress and exit doors have single motion, self-unlocking type handle, lever, push pad, or panic hardware?

Yes _____
No _____

b. If room accommodates 100 or more people, do all required egress and exit doors have push pads or panic hardware?

Yes _____
No _____

STAIRS (NOTE: If no stairs, interior or exterior, check N/A and go to Question 22. If applicable, all questions must be answered)

18a. Are all stairs serving 50 or more occupants at least 44 inches in width?

Yes _____
No _____

b. Are all stairs serving less than 50 occupants, at least 36" in width?

N/A _____

19. Are all stairs with four or more steps provided with proper handrails and guardrails?

Yes _____
No _____

20. Are all interior stairs enclosed with 1-hour rated walls and 1-hour rated "B" labeled doors that are at least 36" wide?

Yes _____
No _____

21. Are the stair enclosure doors self-closing?

Yes _____
No _____

WALLS AND CEILINGS

22. a. Are all wall and ceiling coverings throughout building non-combustible (Use of untreated combustible fiber boards, wood, and other combustible fiber boards, wood and other combustible finishes is prohibited).

Yes _____
No _____

b. Do interior wall and ceiling materials meet the flame spread ratings as required by the Minimum Interior Finish Classification Table, NCB

Yes _____
No _____

23. Do ceilings in habitable rooms have a minimum of 7'-6" clear height?

Yes _____
No _____

HEATING SYSTEMS/MECHANICAL

24. Is the building free of unvented fuel burning or portable electric space heaters?

Yes _____
No _____

25. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors?

Yes _____
No _____

26. a. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building?

Yes _____
No _____

b. If inside air is used for fuel-burning appliance does it meet the requirements of Chapter 7 of the North Carolina Mechanical Code.

(N/A if inside air is not used)

Yes _____
No _____

PLUMBING

27. Does the number of waterclosets and lavatories comply with the Plumbing Code as determined by the appropriate inspector?

(1 watercloset per 15 children, 1 lavatory per 25 children)

Yes _____
No _____

Maximum # of persons allowed by plumbing facilities? _____

Date Inspected _____

ELECTRICAL

28. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electrical Code as determined by the appropriate inspector?
Date Inspected _____
Yes _____ No _____

MIXED AND MULTI-USE OCCUPANCIES

29. Are all child care areas separated from adjacent occupancies in accordance with the requirement of mixed occupancies and the Occupancy Separation Requirements Table? (N/A if no mixed occupancies)
N/A _____ Yes _____ No _____

30. Do all multi-use areas comply with the most restrictive applicable sections of the State Building Code for each intended use?
(N/A if no multi-use areas)
(Multi-use is defined as an area which will be used for different functions at different times and not concurrent. Example: child care to fellowship hall.)
N/A _____ Yes _____ No _____

ACCESSIBILITY CODES

31. Does this building comply with applicable State Building Codes for access/use by persons with disabilities?
Yes _____ No _____

SECTION B: The following questions should be answered only for **educational occupancy** in addition to the questions answered in Section A above.

32. Does the building comply with the Allowable Heights and Building Areas Table for Educational Occupancy? (If NO, go to Section C).
Yes _____ No _____

33. a. Are all rooms, approved for use by children below grade 2, on the level of exit discharge? (If NO go to Section C)
b. Are rooms used by children in grades 2 and higher no more than one story above the level of exit discharge?
Yes _____ No _____

34. a. Do rooms used by children who are less than 2 1/2 years have a direct exit to the outside? (N/A applies only if center does not serve children under 2 1/2 yrs)
b. Do rooms used by children under 2 1/2 years qualify as alcoves to adjacent spaces with direct exit to the outside?
c. If the square footage of the child care area is >20,000 square feet, do all rooms for all children have direct exits? (N/A if sq. footage is < 20,000) (If NO to both a and b or c, go to Section C)
N/A _____ Yes _____ No _____

35. Are all rooms approved for use by children provided with an operable window which complies with Special Exit Requirements for Educational Occupancy? (N/A if direct exit to outside)
Yes _____ No _____

36. Is the most remote point in every room occupied by children, including dining room, not more than 200 feet from the nearest exterior exit? (non-sprinklered building)
Yes _____ No _____

37. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72 for child care use?
Yes _____ No _____

SECTION C: The following questions should be answered only for **institutional occupancy** in addition to the questions answered in Section A above.

38. Does the building comply with the Allowable Heights and Building Areas Table for Institutional Occupancy?
Yes _____ No _____

SECTION C cont.:

39. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72? Yes _____ No _____
40. Does the building provide protection from hazardous areas as required by Special Institutional Occupancies, Group I Unrestrained Occupancies, Protection from Hazardous Areas? Yes _____ No _____
41. Does the building have an approved automatic sprinkler system in accordance with Special Institutional Occupancies Group I Unrestrained Occupancies? Yes _____ No _____
42. Is the most remote point in every room occupied by children, including the dining room, not more than 200 feet from the nearest exterior exit? Yes _____ No _____