



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: Bake Lab, LLC Mailing Address: 67 Marshbanks St.

City: Lillington State: NC Zip: 27546 Contact # 910-382-2464 Email: dnee701@gmail.com

APPLICANT\*: SEC, LLC Mailing Address: Po Box 4200

City: Buirs 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: 67 Marshbanks St. Lillington, NC PIN: \_\_\_\_\_

Zoning: \_\_\_\_\_ Watershed: \_\_\_\_\_ Flood: \_\_\_\_\_ Deed Book Page: \_\_\_\_\_ / \_\_\_\_\_

Setbacks – Front: \_\_\_\_\_ Back: \_\_\_\_\_ Side: \_\_\_\_\_ Corner: \_\_\_\_\_

**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: \_\_\_\_\_ # 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

6-7-21  
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.\*\*\***

\*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: Bake Lab, LLC Date: 6-7-21  
 Site Address: 67 Marshbals St. Lillington, NC 27546 Phone: 910-382-2464  
 Description of Proposed Work: Interior Fit-up

**General Contractor Information:** Building Cost \$ 57,000.00

SFC, LLC Telephone 919-805-0664  
 Building Contractor's Company Name  
Po Box 4200 Batts Creek, NC 27506  
 Address bretts@si-nc.com  
[Signature] Email Address 62649  
 Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 23,000.00

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
Young's Electric, Inc Telephone 919-639-2297  
 Electrical Contractor's Company Name  
Po Box 385 Angier, NC 27501  
 Address lenel@youngselectric.com  
Lenel B. Young Email Address 4504-U  
 Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information:** Mechanical Cost \$ 7,700.00

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_  
Young's Electric, Inc. Telephone 919-639-2297  
 Mechanical Contractor's Company Name  
Po Box 388 Angier, NC 27501  
 Address lenel@youngselectric.com  
Lenel B. Young Email Address 4469  
 Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information:** Plumbing Cost \$ 32,000.00

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Young's Electric, Inc. Telephone 919-639-2297  
 Plumbing Contractor's Company Name  
Po Box 388 Angier, NC 27501  
 Address lenel@youngselectric.com  
Lenel B. Young Email Address 4469  
 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]*  
Signature of Owner/Contractor/Officer(s) of Corporation

6-7-21  
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]* LVP

Date: 6-7-21



## Application for Plan Review

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

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

Name of Project: Bake Lab

Physical Address of Project: 67 Marshbanks St.

Lillington, NC 27546

Plans Submitted By: SBC, LLC

Project Phone: (919)-805-0664

Contact Person/Address: Brett Strickland

Po Box 4200

Buies Creek, NC 27506

Contact Email: bretts@si-nc.com

Contact Phone: (919)-805-0664 (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Contractor's Name/Info: SBC, LLC

Po Box 4200

Buies Creek, NC 27506

Contractor's Phone: (919)-805-0664

- 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 #: 1478983

Filed on: 06/07/2021

Initially filed by: Bstrick89

**Designated Lien Agent**

North American Title Insurance Company

Online: [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)Address: 223 S. West Street, Suite 900 /  
Raleigh, NC 27603

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)**Project Property**67 Marshbanks St.  
Lillington, NC 27546  
North Carolina 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**Bake Lab, LLC  
67 Marshbanks St.  
Lillington, NC 27546  
United States  
Email: [bretts@sl-nc.com](mailto:bretts@sl-nc.com)  
Phone: 919-805-0664**Date of First Furnishing**

06/07/2021

View Comments (0)

Technical Support Hotline: (888) 690-7384