

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Campbell University Date: 10-23-23

Site Address: 76 Upchurch Ln Lillington, NC 27546 Phone: 910-893-1610

Directions to job site from Lillington: Beside baseball field house

Subdivision: _____ Lot: _____

Description of Proposed Work: Open shelter over bullpen

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 185,000

SFC, LLC
Building Contractor's Company Name

919-282-2443
Telephone

423 Main St. Buies Creek, NC 27506
Address

michael@si-nc.com
Email Address

Michael E. Wilson
Signature of Owner/Contractor/Officer(s) of Corporation

62649
License #

Electrical Contractor Information: Electrical Cost \$ 15,000
Description of Work Lighting Service Size: _____ Amps #T-Poles _____

Youngs Electric, Inc
Electrical Contractor's Company Name

919-639-2297
Telephone

Po Box 398 Angier, NC 27501
Address

brian@youngselectric.com
Email Address

Brian Young
Signature of Owner/Contractor/Officer(s) of Corporation

U04504
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

10-23-23
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: SEC, LLC

Sign w/Title:  Date: 10-23-23



Initial Application Date: _____

Application # _____

DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Campbell University Mailing Address: 143 Main St.

City: Buies Creek State: NC Zip: 27506 Contact # 910-893-1610 Email: farmerj@campbell.edu

APPLICANT*: SEC, LLC Mailing Address: PO Box 4200

City: Buies Creek State: NC Zip: 27506 Contact # 919-282-2443 Email: michael@si-nc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Michael Weaver Phone # 919-282-2443

Address: 76 Upchurch LN 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: _____ # 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: Open shelter

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: No water or sewer required

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

10-23-23
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.



Fire Marshal Division
P.O. Box 370
Lillington, NC 27546
910-893-7580

Application for Plan Review

Permit Type: _____

Date Received: _____ Received By: _____

Name of Project: Campbell Baseball Shelter

Physical Address of Project: 76 Upchurch Ln Lillington, NC 27546

Plans Submitted By: SEC, LLC

Project Phone: (919)-282-2443

Contact Person/Address: Michael Weaver

Contact Phone: (919)-282-2443 ()- -

Contractor's Name/Info: SEC, LLC

423 Main St. Buies Creek, NC 27506

Contractor's Phone: (919)-282-2443

Contact Email: michael@si-nc.com

- 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://htweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525 : Opt. 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 #: 2024351

Filed on: 10/23/2023

Initially filed by: Bstrick89

Designated Lien Agent

Fidelity National Title Company, LLC

Online: 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 ([www.liensnc.com](mailto:support@liensnc.com))

Project Property

76 Upchurch Ln
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
Buies Creek, NC 27506
United States
Email: bretts@si-nc.com
Phone: 919-805-0664

Date of First Furnishing

10/02/2023

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384