*Each section below must be filled out by whoever is performing the work. Must be owner or Ilcensed contractor, Address, company name & phone must match information on state Icense.

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: FAIRWAY POINT, LLC Site Address: GAUERY DR. SPRING LAKE, NC 28390 Phone: 9/6-580-2425 Directions to job site from Lillington: FOLDW NC-27 TO NURSERY RD. TO RAY RD. - CONTINUE TO ANDERSON CREEK DR. AND WHISPERING PINES DR. TO GALLERY DR. Subdivision: ANDERSON CREEK COUNTRY CLUB Description of Proposed Work: NEW CONSTRUCTION - 9 Heated SF Unheated SF 2353 General Contractor Information: Building Cost \$ 156,632 CONSTRUCTORS, INC Building Contractor's Company Name BREEZEWOOD AVE, # 100 License # Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$ 7,310 Sérvice Size: 100 Amps #T-Poles 919-278-8899 PALBIGH Telephone Electrical Contractor's Company Name NC, 2745 SAMUEL CLOYD @ YAHOO, COM Address **Emall Address** 23963U Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost \$ Description of Work, # Units Mechanical Contractor's Company Name Telephone Emall Address Address Signature of Owner/Contractor/Officer(s) of Corporation . License # Plumbing Contractor Information: Plumbing Cost \$ # Baths Description of Work Plumbing Contractor's Company Name Telephone **Emall Address** Address · License # Signature of Owner/Contractor/Officer(s) of Corporation Insulation Contractor Information Insulation Contractor's Company Name & Address Telephone

Sprinkler Contractor Information				
Sprinkler Contractor's Company Name	Telephone			
Address	Email Address			
Signature of Officer(s) of Corporation Fire Alarm Contractor Information	License # n			
N/A Fire Alarm Contractor's Company Name	Telephone			
Address	Email Address			
Signature of Officer(s) of Corporation	License #			
Driveway Access - NC Department of Transportation Driveway Ac				
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.				
	2/25/2024			
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' cor	npensation 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 covering themselves.	of workers' compensation insurance			
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: H&H CONSTRUCTORS, INC				
Company or Name: HeH CONSTRUCTORS, TWC Sign W/Title REGIONAL MGR	Date: 7/25/2024			





Application for Plan Review

Application #

Date Received:	Received By:
Name of Project;	FAIRWAY PRINT
Physical Address of Project:	GALLERY DR 9-BAY GARAGE
	SPRING LAKE, NC 28390
Plans Submitted By:	BEYAN BENDIT
Project Phone:	(910)-580-2425
Contact Person/Address:	BRYAN BENOIT / H&H CONSTRUCTORS, INC.
	2919 BREEZEWOOD AVE, # 100
T	FAYETTEVILLE, NC 28303
Contact Email:	BEY ANBENOIT @ HUFFFAMILY OFFICE, COM
Contact Phone:	(910)-580-2425
Contractor's Name/Info:	H&H CONSTRUCTORS, INC.
	2919 BREEZEWOOD AVE, # 100
	FAYETTEVILLE, NC, 28303 - NC LICENSE 31554
Contractor's Phone:	(910)-580-2425

- Plans that are submitted will be reviewed as quickly as possible with an <u>average time of review</u> 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:	_		Application #		-
				DRB #	CU#	
		COMME	RCIAL			
Control Domnitting (F	Physical) 420 McKinney Pkwy, Lillington, NC	COUNTY OF HARNETT LA	AND USE APPLICA NC 27546 Phone: (910)	TION 893-7525 opt # 1	Fax: (910) 893-2793	www.harnett.org/permits
. AND CHAIFD	EDIOWAL DOINT	/// Mailing	Address: 2919	BOFFZE	han AUE .	# 100
City: FATETTE	EVIUE State:	VC Zip: 28303 Contact #	910-580-24	/25 Ema	BRIANBEN HUFFFA	MILY OFFICE, COI
APPLICANT*:		Mailing	Address:			
City:	State:_ cant information if different than lando	Zip: Contact #		Ema	il:	
CONTACT NAME	E APPLYING IN OFFICE: B LLERY DR. SPR	OYAN BENDIT		Phone #	910-580-	2425
CONTACT NAME	E APPLYING IN OFFICE: 1)	NC 283	20 0515		71-000	
Address: 67	LLERY DR. SPE	ING CARE PIN:	03/5-	08-67	76-000	
Zoning: LA - Za	Watershed:Floo	d:Deed Book Pa	ige:/			
Setbacks – F	ront:Back:	Side: Co	orner:	SEE A	HTACHED	PAPERS
PROPOSED USE						
☐ Multi-Family	Dwelling No. Units:	No. Bedrooms/Unit:				
	¥					
☐ Business	Sq. Ft. Retail Space:	Type:	# Emplo	yees:	Hours of Oper	ation:
□ Daycare	# Preschoolers:	# Afterschoolers:	# Employees:		Hours of Operation	n:
□ Industry	Sq. Ft:Type:		# Employees:		Hours of Operation	n:
□ Church	Seating Capacity:	# Bathroom	ns:	_ Kitchen:		
Accessory/A	Addition/Other (Size/ <u>//5-4</u> " x_22) Use: <u>9-644</u>	RAGE			
	County Existing We New Septic Tank Ex Complete Environmental Health	(Need to Complete N	ew Well Application	at the same	ime as New Tank	ater before final
Comments:	Complete Environmental Health 1 - 9 BAY GAI	Checklist on other side of applic CAGE - NO WA'	cation if Septic TER OR	SEWER	2	
-		20,000 Maprox 1,0444 M				ti-aliana af ul-u- aut-u-!u
If permits are gra	anted I agree to conform to all or	dinances and laws of the State	of North Carolina re	gulating such	work and the spec	ancadons of plans submit

Signature of Owner or Owner's Agent HEH CONSTRUCTORS, 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.

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.



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 <u>undergrowth</u> 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	or authorization	n to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.			
{}} Accep		{} 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: SEE ATTACHEO					
{}}YES	{ X } NO	Does the site contain any Jurisdictional Wetlands?			
{ X }YES	{} NO	Does the site contain any Jurisdictional Wetlands? Do you plan to have an <u>irrigation system</u> now or in the future? - ALLEADY EXISTING-			
{}}YES	{ X } №	Does or will the building contain any drains? Please explain			
{X}}YES	{} NO	Are there any existing wells, springs, waterlines or Wastewater Systems on this property?			
{}}YES	{ X } NO	Is any wastewater going to be generated on the site other than domestic sewage?			
{_}}YES	{ X } NO	Is the site subject to approval by any other Public Agency?			
{X}YES	{} NO	Are there any Easements or Right of Ways on this property?			
$\{X\}$ 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.			
		and the state of t			

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.



