

COMMERCIAL LAND USE APPLICATION

SITE ADDRESS: 140 Day Dorm Rd Lillington, NC PIN: 0670-53-1737, 000
 LANDOWNER: Campbell University Mailing Address: PO Box 114
 City: Buies Creek State: NC Zip: 27506 Phone: 910-893-1610 Email: radams@campbell.edu

**Please fill out applicant information if different than landowner.*

APPLICANT: Michael Weaver Mailing Address: 1710 Matthews Millpond Rd
 City: Angier State: NC Zip: 27501 Phone: 919-282-2443 Email: michael@si-nc.com

PROPOSED USE:

- Multi-Family Dwelling: # Units: _____ # 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: Yes No
- Sign: (Size _____ x _____) Type: _____ Illuminated: Yes No If yes, Internal External
- Accessory/Addition/Other: (Size _____ x _____) Use: Renovations to Exist. Rumley Center

UTILITIES:

- Water Supply: County Existing Well New Well (# of facilities using well _____)
 Sewage Supply: New Septic Tank Expansion Relocation Existing Septic Tank County Sewer

(Complete Environmental Health Checklist on other side of application if Septic is selected)

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 the foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Michael Weaver
 Signature of Owner or Owner's Agent

6/3/26
 Date

Permits are valid for 6 months from the issue date, or 12 months from last inspection once inspections have been initiated. 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.



Environmental 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 permit shall become invalid. This permit will be valid for 60 months.

NEW SEPTIC SYSTEM INSPECTION

- All property irons must be made visible. Place pink flags on each corner of lot & approximately every 50 feet between corners.
- Place orange flags at the corners of each proposed structure per site plan submitted to Central Permitting.
- Post orange Environmental Health sign in location that is visible from road to assist in locating property.
- If property is thickly wooded, you will be required to clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. DO NOT GRADE PROPERTY.

EXISTING TANK INSPECTION

- Follow above instructions for placing flags and sign on property.
- Prepare for inspection by removing soil over outlet end of tank, lift lid straight up (if possible), and then put lid back in place. *Does not apply to septic tank in a mobile home park*
- DO NOT LEAVE LIDS OFF OF SEPTIC TANK

SEPTIC CHECK LIST

If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

- Accepted 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:

- YES NO Does the site contain any jurisdictional wetlands?
- YES NO Do you plan to have an irrigation system now or in the future?
- YES NO Does or will the building contain any drains? Please explain: _____
- YES NO Are there any existing wells, springs, waterlines, or wastewater systems on this property?
- YES NO Is any wastewater going to be generated on the site other than domestic sewage?
- YES NO Is the site subject to approval by any other Public Agency?
- YES NO Are there any easements or rights-of-way on this property?
- 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.

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. I understand that a \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot is confirmed to be ready.

Michael Weaver
Signature of Owner or Owner's Agent

6/3/20
Date



COMMERCIAL BUILDING APPLICATION

Site Address: 140 Day Dorm Rd Lillington, NC APIN: 0670-53-1737,000
Owner: Campbell University Phone: 910-893-1200 Email: radams@campbell.edu
Description of Proposed Work: Adding Offices / Demissing walls to Existing space. Total Job Cost: \$ 90,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Southeastern Construction of Buies Creek
General Contractor's Company Name
PO Box 4200 Buies Creek, NC 27506
Address
62649
License #
[Signature]
Signature of Owner/Contractor/Officer of Corp.

919-282-2443
Phone
Michael@si-nc.com
Email
\$ 75,000
Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Added Recepticals per Plans
Freedom Electrical Services LLC
Electrical Contractor's Company Name
1264 Erwin Chapel Rd Dunn NC 28334
Address
L 26308
License #
[Signature]
Signature of Owner/Contractor/Officer of Corp.

Service Size: 800 Amps T-Poles: YES NO
919-723-0884
Phone
Email
\$ 15,000
Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: N/A Exist
Mechanical Contractor's Company Name
Address
License #
[Signature]
Signature of Owner/Contractor/Officer of Corp.

of Units: _____
Phone
Email
\$ _____
Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: N/A
Plumbing Contractor's Company Name
Address
License #
[Signature]
Signature of Owner/Contractor/Officer of Corp.

of Baths: _____
Phone
Email
\$ _____
Plumbing Cost



REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name	N/A	Phone	_____
Address	N/A	Email	_____
License #		Signature of Owner/Contractor/Officer of Corp.	_____

SPRINKER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name	N/A	Phone	_____
Address	N/A	Email	_____
License #		Signature of Owner/Contractor/Officer of Corp.	_____

FIRE ALARM CONTRACTOR INFORMATION

Fire Alarm Contractor's Company Name	N/A	Phone	_____
Address	N/A	Email	_____
License #		Signature of Owner/Contractor/Officer of Corp.	_____

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES NO

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Michael Weaver
Signature of Owner/Contractor/Officer of Corp.

6/3/26
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has 3 or more employees and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Mark E. Wang
Signature of Owner/Contractor/Officer of Corporation

6/3/26
Date