

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.

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.

Signature of Owner or Owner's Agent

Michael Weaver

Date

6/3/20

COMMENTS:

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

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

UTILITIES:

Accessory/Additional/Other: (Size _____ x _____) Use: Renovations to Powell Hall
 Sign: (Size _____ x _____) Type: _____ Illuminated: Yes No If yes, Internal External
 Church: Seating Capacity: _____ # Bathrooms: _____ Kitchen: Yes No
 Industry: SQ. FT.: _____ Type: _____ # Employees: _____ Hours of Operation: _____
 Daycare: # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____
 Business: SQ. FT.: Retail Space: _____ Type: _____ # Employees: _____ Hours of Operation: _____

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: _____
 Church: Seating Capacity: _____ # Bathrooms: _____ Kitchen: Yes No
 Sign: (Size _____ x _____) Type: _____ Illuminated: Yes No If yes, Internal External
 Accessory/Additional/Other: (Size _____ x _____) Use: Renovations to Powell Hall

*Please fill out applicant information if different than landowner.
LANDOWNER: Campbell University, PO Box 114, Mailing Address: _____, Phone: 910-893-1610, Email: radams@campbell.edu, City: Bules Creek, NC 27506
APPLICANT: Michael Weaver, 1710 Matthews Millpond Rd, Mailing Address: _____, Phone: 919-282-2443, Email: michael@si-nc.com, City: Angier, NC 27501

SITE ADDRESS: 84 Day Dorm Rd Lillington NC PIN: 0670-53-1737,000

COMMERCIAL LAND USE APPLICATION

Signature of Owner or Owner's Agent

Michael Weaver

Date

6/3/24

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.

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

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**:

- Accepted
 - Innovative
 - Conventional
 - Any
 - Alternative
 - Other
- If applying for Authorization to Construct, please indicate desired system type(s): Can be ranked in order of preference, must choose one.

SEPTIC CHECK LIST

- 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**.
 - **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**
Does not apply to septic tank in a mobile home park
- NEW SEPTIC SYSTEM INSPECTION**
 - All property lines 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**.

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.

Environmental Health Department Application for Improvement Permit and/or Authorization to Construct





COMMERCIAL BUILDING APPLICATION

Site Address: 84 Day Dorn Rd Lillington, NC
 PIN: 0670-53-1737, 000
 Owner: Campbell University Phone: 910-893-1200 Email: radams@campbell.edu
 Description of Proposed Work: Interior Renovations
 Total Job Cost: \$ 845,000

GENERAL CONTRACTOR INFORMATION

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

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

919-282-2443
 Phone
 m.chael@si-nc.com
 Email
 Building Cost (excluding trades) \$ 180,000

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Rework Electrical as req for Renovations
 Service Size: 800 Amps T-Poles: YES NO

Triple-R Electric, Inc
 Electrical Contractor's Company Name
 PO Box 6116 Kinston, NC 28501
 Address
 License # 13241-U
 Signature of Owner/Contractor/Officer of Corp. *[Signature]*

200 00
 Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Rework Mechanical/HVAC as req. for Renovations
 # of Units: 31 PTHC units
 1 Fixed unit

Modern Mechanical HVAC LLC
 Mechanical Contractor's Company Name
 600 Waterfield Ridge Place Garner, NC 27592
 Address
 License # L29380 HI, H2, H3
 Signature of Owner/Contractor/Officer of Corp. *[Signature]*

919-934-1651
 Phone
 425 000
 Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: Rework Plumbing as req. for Renovations
 # of Baths: 10 units approx.
 Repairs to

GK's Plumbing + Backflow, LLC
 Plumbing Contractor's Company Name
 3800 Greywood Dr Raleigh, NC 27604
 Address
 License # L28692
 Signature of Owner/Contractor/Officer of Corp. *[Signature]*

919-995-8854
 Phone
 120,000
 Plumbing Cost

Signature of Owner/Contractor/Officer of Corp.

Date

[Handwritten Signature]

6-3-26

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.

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.

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

License #

Signature of Owner/Contractor/Officer of Corp.

Address

Email

Phone

Fire Alarm Contractor's Company Name

N/A

FIRE ALARM CONTRACTOR INFORMATION

License #

Signature of Owner/Contractor/Officer of Corp.

Address

Email

Phone

Sprinkler Contractor's Company Name

N/A

SPRINKLER CONTRACTOR INFORMATION

License #

Signature of Owner/Contractor/Officer of Corp.

Address

Email

Phone

Refrigeration Contractor's Company Name

N/A

REFRIGERATION CONTRACTOR INFORMATION



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.

Signature of Owner/Contractor/Officer of Corporation _____

Date _____

7-3-20