

Initial Application Date: 1/30/2013

Application # 1350030528

DRB _____ CU _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-7793 www.harnett.org/permits

LANDOWNER: County of Harnett Mailing Address: 1100 E. McNeill Street P.O. Box 816

City: Lillington State: NC Zip: 27546 Home #: 910 893 7528 Contact #: 910 890 0131

APPLICANT: Carl Davis Mailing Address: 1100 E. McNeill St. P.O. Box 816

City: Lillington State: NC Zip: 27546 Office #: 910 893 7528 Contact #: 910 890 0131

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Carl Davis Phone #: 910 893 7518

PROPERTY LOCATION: Subdivision: NA Lot #: _____ Lot Size: 204.11

State Road #: 1117 State Road Name: Nursery Road Man. Book & Page: 567 / 82

Parcel: 010517 0022 PIN: 0516-19-1156.000

Zoning: PA-202 Conservation Flood Zone: NA Watershed: X Deed Book & Page: 305407 Power Company: South River Membership Loop

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take NC 27 south to intersection with NCSR 1117.
Turn left onto NCSR 1117. The site is located
approximately 1 mile on left side of Nursery Road.

PROPOSED USE: Park with a picnic shelter, 4 wc restroom bldg., playground, disc golf, and trails. CU

- 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 Well (No. dwellings _____) **MUST** have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer

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

Joel Newby
Signature of Owner or Owner's Agent

1/30/2013
Date

****This application expires 6 months from the initial date if no permits have been issued****

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

Initial Application Date: 1/30/2013

Application # 1350030528

DRB _____ CU _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: County of Harnett Mailing Address: 1100 E. McNeill Street P.O. Box 816
City: Lillington State: NC Zip: 27546 Home #: 910 893 7512 Contact #: 910 890 013

APPLICANT: Carl Davis Mailing Address: 1100 E. McNeill St. P.O. Box 816
City: Lillington State: NC Zip: 27546 Office #: 910 893 7512 Contact #: 910 890 013

*Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: Carl Davis Phone #: 910 893 7518

PROPERTY LOCATION: Subdivision: NA Lot #: _____ Lot Size: 204.11

State Road #: 117 State Road Name: Nursery Road Man. Book & Page: 293/653

Parcel: 010917 0022 PIN: 0516-19-156.000

Zoning: PA-206 Conservation Flood Zone: NA Watershed: X Deed Book & Page: 305407 Power Company*: South River Membership Loop

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON:

Take NC 27 south to intersection with NCSR 117.
Turn left onto NCSR 117. The site is located
approximately 1 mile on left side of Nursery Road.

PROPOSED USE: Park with a picnic shelter, 4 wc restroom bldg., playground, disc golf, and trails.

- 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 12 x 70) Use Bathroom + 70 x 40 Picnic Shelter

Water Supply: County Well (No. dwellings _____) **MUST** have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer

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.

Joel Newton
Signature of Owner or Owner's Agent

1/30/2013
Date

****This application expires 6 months from the initial date if no permits have been issued****

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

Please use Blue or Black Ink ONLY

Initial Application Date: _____

Application # 13500 305-28
DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Harnett County Mailing Address: Parks Division Carl

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____

APPLICANT*: Compendium Contracting Mailing Address: 246 Charles Riddle Rd

City: Sanford State: NC Zip: 27330 Contact # 919-221-4664 Email: brent.riddle.compendium@gmail.com
*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Brent Riddle Phone # 919-221-4664

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: _____

State Road # _____ State Road Name: _____ Map Book & Page: 1

Parcel: _____ PIN: _____

Zoning: _____ Flood Zone: _____ Watershed: _____ Deed Book & Page: 1 Power Company*: _____

*New structures with Progress Energy as service provider need to supply premise number _____ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 27 towards Sanford
Left on Nursery Rd 1 mile left into park
Harnett County sign @ rd

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 12 x 70) Use: Bathroom & 20x40 picnic shelter

Water Supply: _____ County _____ Existing Well New Well (# of dwellings using well _____) *MUST have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) _____ Existing Septic Tank (Complete Checklist) _____ County Sewer

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

10-2-2013
Date

****This application expires 6 months from the initial date if permits have not been issued****
A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

NAME: Compendium Contracting (Brent 919.721.4664) APPLICATION #: 13500 30528

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)

910-893-7525 option 1

CONFIRMATION # _____

- Environmental Health New Septic System** Code 800
 - **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 **undergrowth** 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.**
 - After preparing proposed site call the voice permitting system at 910-893-7525 option 1 to schedule and use code 800 (after selecting notification permit if multiple permits exist) for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
 - Use Click2Gov or IVR to verify results. Once approved, proceed to Central Permitting for permits.
- Environmental Health Existing Tank Inspections** Code 800
 - 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**
 - After uncovering **outlet end** call the voice permitting system at 910-893-7525 option 1 & select notification permit if multiple permits, then use code 800 for Environmental Health inspection. Please note confirmation number given at end of recording for proof of request.
 - Use Click2Gov or IVR to hear results. Once approved, proceed to Central Permitting for remaining permits.

SEPTIC

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 Right of Ways 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.

[Signature] 10.1.13
 PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED) DATE

13500 305 28

Harnett County Department of Public Health

Well Construction Permit Application

If the information in the application for a Well Construction Permit is *falsified, changed, or the site is altered*, then the Well Construction Permit shall become invalid.

APPLICANT INFORMATION

(Carl Davis)

HARNETT COUNTY (910) 893.7578
 Applicant/Owner Phone Number
Off Nursery Rd. Lillington NC 27544
 Street Address, City, State, Zip Code

The Applicant must submit a Site Plan. The Site Plan is a map/drawing of the property and must show:

1. existing and/or proposed property lines and easements with dimensions;
2. the location of the facility and appurtenance;
3. the location for the proposed well;
4. the location of existing or proposed sewer lines and/or sewage disposal systems within 100 feet of the proposed well;
5. the location of any existing wells within 100 feet of the property; surface water bodies;
6. above ground and/or underground storage tanks;
7. and any other known sources of contamination within 100 feet of the proposed well site.

The Applicant shall notify the Harnett County Health Director through or by way of the Harnett County Division of Environmental Health if any of the following occur prior to well construction:

1. there is a relocation of the proposed facility;
2. there is a change in the intended use of the facility;
3. there is a need for installing the waste water system in an area other than indicated on the well permit; or
4. there are landscape changed that affect site drainage.

Contact information: Environmental Health Division - 910-893-7547

PROPERTY INFORMATION

Proposed use of well (Park)
 Single-Family Multifamily Church Restaurant Business Irrigation

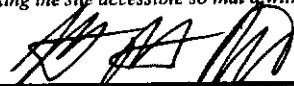
Street Address Off Nursery Rd. Subdivision/Lot # _____
 Parcel # 010517 0022 PIN # 0516-19-1156.000

Directions to the Site

Hwy 27 toward Sanford - (L) on Nursery Rd -
 approx. 2 mi. turn (L) @ Anderson Creek Park

I have thoroughly read and completed this Application and certify that the information provided herein is true, complete and correct to the best of my knowledge and is given in good faith. Representatives of the Harnett County Health Department and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable rules.

I understand that I am solely responsible for the proper identification and labeling of all property lines, underground utility lines, and making the site accessible so that a well can be properly constructed according to the permit.


 Property Owner's or Owner's Legal Representative Signature Required
 10.1.13
 Date



Application for Plan Review

Application # 13-50030528

Date Received: 10-25-13 Received By: [Signature]

Name of Project: Anderson Creek Park

Physical Address of Project: _____

_____ NC _____

Plans Submitted By: Compendium Contracting LLC

Project Phone: (919)-718-0591

Contact Person/Address: Brent Riddle

Contact Phone: (919)-721-4664 ()- -

Contractor's Name/Info: Brent Riddle

Contractor's Phone: ()- -

- 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.

*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.

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: County of Harnett Date: 10.24.13
Site Address: Nursery Road Phone: 919.721.4664
Directions to job site from Lillington: State Road 1117 Nursery Rd Lillington (Anderson Creek)
NC 27 South to intersection with NCSR 1117. Left on NCSR 1117. Appx. 1 mile on left side of Nursery Rd

Subdivision: _____ Lot: _____
Description of Proposed Work: 12x20 Bath House, 12x16 Deck, 30x40 Picnic Shelter

Heated SF 0 Unheated SF 240
General Contractor Information: Building Cost \$ 51,900

Compendium Contracting 919.721.4664
Building Contractor's Company Name Telephone
246 Charles Riddle Rd Sanford NC 27330 Compendiumcontracting@gmail.com
Address Email Address
72301

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Electrical Contractor Information: Electrical Cost \$ 1500
Description of Work Well Connect; Lighting Service Size: 100 Amps #T-Poles 1

JM Pope Electrical
Electrical Contractor's Company Name Telephone
409 Chatham Street Sanford NC 27330 919.776.5144
Address Email Address
21326-L

Signature of Owner/Contractor/Officer(s) of Corporation _____ 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 \$ 8500
Description of Work Septic, Well, Pump Connect # Baths 2

Cox Brothers Plumbing
Plumbing Contractor's Company Name Telephone
985 Thomas Kelly Rd Sanford NC 27330 919.258.3622
Address Email Address
8644
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

10.24.2013

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.

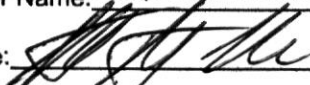
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Compendium Contracting

Sign w/Title:  _____ Date: 10.24.2013



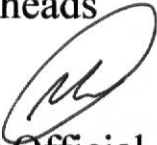
Plan Review, Inspection and Permit Fees

Application Number 13-50030528

\$150.00	<input type="checkbox"/>	Explosive Mat. (90 Days)
\$ 75.00	<input type="checkbox"/>	Explosive Mat. (72 Hrs)
\$ 35.00	<input type="checkbox"/>	Fireworks Public Display
\$ 50.00	<input checked="" type="checkbox"/>	Final Inspection
\$ 35.00 +2.00 per device	<input type="checkbox"/>	Fire Alarm Testing
\$ 35.00 + 2.00 per nozzle	<input type="checkbox"/>	Fixed Fire Suppression
\$ 25.00	<input type="checkbox"/>	Insecticide Fog/Fumigation
\$ 50.00	<input type="checkbox"/>	Pipe Test/UST/AGST
\$ 50.00	<input checked="" type="checkbox"/>	Plans up to 5000 ft ²
\$100.00	<input type="checkbox"/>	Plans 5001 ft ² to 10,000 ft ²
\$150.00	<input type="checkbox"/>	Plans 10,001 ft ² to 25,000 ft ²
\$250.00	<input type="checkbox"/>	Plans 25,001 ft ² and over
\$ 35.00 + 2.00 per Head	<input type="checkbox"/>	Sprinkler Certification Test
\$ 35.00	<input type="checkbox"/>	Standpipe Testing
\$ 25.00	<input type="checkbox"/>	Special Assembly
\$ 25.00	<input type="checkbox"/>	Temporary Kiosks/Displays
\$ 25.00	<input type="checkbox"/>	Tents, Canopies, Air Supported
\$ 50.00	<input type="checkbox"/>	Tank Installation (charge for each tank)
\$ 50.00	<input type="checkbox"/>	Tank Removal (charge for each tank)

\$ 100.00 Total

n/a Total device/heads

Michael L. Martin 
Code Enforcement Official

11/6/13
Date



November 6, 2013

Brent Riddle
Compendium Contracting, LLC

**Re: Anderson Creek Park
Nursery Road
Lillington, NC 27546**

Application Number 13-50030528

Mr. Riddle,

Thank you for submitting the plans for the new park. The plans have been carefully reviewed by a qualified code enforcement official to examine for compliance with the North Carolina Fire Prevention Code and all other fire protection regulatory documents. There are some items that were found during the plan review process that need to be addressed before a final inspection of the new facility can be given. These items are outlined and described below.

- **505.1 Physical Address**
 - The physical address of the building shall be posted in a conspicuous place so that it can be seen on approach from the road, access road, and/or parking lot.
 - The numbers used to make up the physical address shall be at least 5 inches in height.

- **Fire Department Access**
 - The locking mechanism of the gates and buildings shall be reviewed by the Fire Marshal's Office upon final inspection.

- **Fire Extinguishers**
 - Fire extinguishers shall be placed near the bathrooms and picnic shelter. They shall be 2A:10BC and shall be contained in an all-weather proof cover.

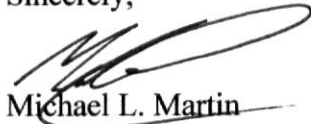
The Harnett County Fire Marshal's Division is committed to providing our community with a professional fire and life safety program through comprehensive fire protection plan reviews, informative occupancy inspections, effective fire and life safety code enforcement, and definitive fire origin and cause investigations in order to reduce the loss of life and property of the citizens of Harnett County. We will strive to maintain an unmatched level of professionalism and support to our community.



Thank you again for submitting the plans for the new park. Please review the plans and adhere to any notes and alterations that were made in addition to the original drawings. These remarks are for the plans that were submitted and its original intent. These remarks do not apply if the original intent changes or what was submitted on the above date changes. If you have any questions, please do not hesitate to call this office

Again, thank you and we look forward to working with you during the construction period!

Sincerely,



Michael L. Martin
Chief Deputy Fire Marshal

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50030528	Page	2
Additional desc	BATH HOUSE, DECK, PICNICK SHELTE	Date	1/03/14
Phone Access Code	1014158		
Issue Date	1/03/14	Valuation	0
Expiration Date	7/02/14		

Permit	COMMERCIAL PLUMBING PERMIT		
Additional desc	SEPTIC, WELL, PUMP CONECT		
Phone Access Code	1014166		
Issue Date	1/03/14	Valuation	8500
Expiration Date	1/03/15		

Permit	TEMPORARY ELECTRICAL PERMIT		
Additional desc	T POLE		
Phone Access Code	1014174		
Issue Date	1/03/14	Valuation	0
Expiration Date	1/03/15		

Special Notes and Comments
T/S: 01/30/2013 03:33 PM JBROCK ----
NURSERY RD

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50030528	Page	3
Property Address	NURSERY RD	Date	1/03/14
PARCEL NUMBER	01-0517- - -0022- - -		
Application description . . .	CP NEW AMUSEMENT, SOCIAL, RECREATION		
Subdivision Name			
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type COMMERCIAL BUILDING PERMIT					
10	151	C151	C*BLDG FOOTING	_____	____/____/____
20	814	A814	ADDRESS CONFIRMATION	_____	____/____/____
30	179	C179	C*BLDG FINAL	_____	____/____/____
999	163	C163	C*BLDG FLOOR FRAMING	_____	____/____/____
999	155	C155	C*BLDG FOUNDATION	_____	____/____/____
999	153	C153	C*BLDG ROUGH IN	_____	____/____/____
999	159	C159	C*BLDG SLAB INSP	_____	____/____/____
999	157	C157	C*BLDG WATERPROOFING	_____	____/____/____
999	177	C177	C*HOOD SYSTEM	_____	____/____/____
999	185	I185	C*INSULATION INSPECTION	_____	____/____/____
999	175	C175	C*MOD MARRIAGE WALL	_____	____/____/____
999	173	C173	C*MODULAR INSPECTION	_____	____/____/____
999	161	C161	C*MONOLITH SLAB	_____	____/____/____
999	169	C169	C*OVERHEAD ELE, MECH, PLB	_____	____/____/____
999	165	C165	C*OVERHEAD FOR BUILDING	_____	____/____/____
999	171	C171	C*REBAR INSPECTION	_____	____/____/____
999	828	S828	C*SIGN INSPECTION	_____	____/____/____
999	167	C167	C*WALL INSPECTION	_____	____/____/____
999	822	H822	ENVIR. HLTH/SANITATION FINAL	_____	____/____/____
999		H824	ENVIR. OPERATIONS PERMIT	_____	____/____/____
999	880	F880	FM*ABOVE CEILING	_____	____/____/____
999	878	F878	FM*AGST/UST PIPES	_____	____/____/____
999	852	F852	FM*DAYCARE INSPECTION	_____	____/____/____
999	854	F854	FM*FINAL INSPECTION	_____	____/____/____
999	850	F850	FM*FIRE ALARM	_____	____/____/____
999	884	F884	FM*FIRE MISC INSPECTION	_____	____/____/____
999	870	F870	FM*FIRE WORKS / EXPLOSIVES	_____	____/____/____
999	856	F856	FM*FIXED FIRE SUPPRESSION	_____	____/____/____
999	882	F882	FM*FOGGING OR FUMIGATION	_____	____/____/____
999	858	F858	FM*SPRINKLER CERT TEST	_____	____/____/____

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50030528	Page	4
Property Address	NURSERY RD	Date	1/03/14
PARCEL NUMBER	01-0517- - -0022- - -		
Application description	CP NEW AMUSEMENT, SOCIAL, RECREATION		
Subdivision Name			
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	864	F864	FM*SPRINKLER-FLOW		/ /
999	860	F860	FM*SPRINKLER-FLUSH		/ /
999	862	F862	FM*SPRINKLER-HYDRO		/ /
999	866	F866	FM*STANDPIPE		/ /
999	872	F872	FM*TANKS-ABANDON IN PLACE		/ /
999	874	F874	FM*TANKS-INSTALLATION		/ /
999	876	F876	FM*TANKS-REMOVAL		/ /
999	868	F868	FM*TENTS		/ /
999	357	P357	C*PLUMB UNDER SLAB		/ /
999		MISC	COMMERCIAL MISCELLANEOUS		/ /

Permit type COMMERCIAL ELECTRICAL PERMIT

999	265	E265	C*ELEC FINAL		/ /
999	257	E257	C*ELEC OVERHEAD		/ /
999	263	E263	C*ELEC RECONNECT		/ /
999	253	E253	C*ELEC TEMP POWER CERT		/ /
999	261	E261	C*ELEC UND POOL		/ /
999	259	E259	C*ELEC UNDER SLAB		/ /
999	255	E255	C*ELECTRICAL UNDERGROUND		/ /
999	251	E251	C*ELEC ROUGH IN		/ /
999	267	E267	C*ELEC TEMP SERVICE POLE		/ /

Permit type COMMERCIAL INSULATION PERMIT

999	185	I185	C*INSULATION INSPECTION		/ /
999	129	I129	R*INSULATION INSPECTION		/ /

Permit type LAND USE PERMIT

999	818	Z818	PZ*ZONING INSPECTION		/ /
999	820	Z820	PZ*ZONING/FINAL INSPECTION		/ /

Permit type COMMERCIAL PLUMBING PERMIT

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Bldg Insp scheduled before 2pm available next business day.

Application Number	13-50030528	Page	5
Property Address	NURSERY RD	Date	1/03/14
PARCEL NUMBER	01-0517- - -0022- - -		
Application description . . .	CP NEW AMUSEMENT, SOCIAL, RECREATION		
Subdivision Name			
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	361	P361	C*PLUMB FINAL	_____	___/___/___
	Permit type		COMMERCIAL PLUMBING PERMIT		
999	359	P359	C*PLUMB OVERHEAD	_____	___/___/___
999	355	P355	C*PLUMB SEWER CONNECTION	_____	___/___/___
999	353	P353	C*PLUMB WATER CONNECTION	_____	___/___/___
999	351	P351	C*PLUMB ROUGH IN	_____	___/___/___
999	357	P357	C*PLUMB UNDER SLAB	_____	___/___/___
999	363	P363	C*PLUMB GREASE TRAP	_____	___/___/___
	Permit type		TEMPORARY ELECTRICAL PERMIT		
999	207	E207	R*ELEC TEMP SERVICE POLE	_____	___/___/___
999	267	E267	C*ELEC TEMP SERVICE POLE	_____	___/___/___

Compendium Contracting LLC

is changing plumbers from Cox Bros. plumbing
to All American Plumbing license #23 263

ON 1-10-2014

Brent Riddle 919-721-4664



Chang Contractor Application # 1350030528

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits
Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Harnett County Parks & Rec Phone: 910-893-7525
Owner (s) Mailing Address: PO Box 65 Lillington NC 27546

Land Owner Name (s): Same (Carl Davis) Phone: 910-893-7518
Construction or Site Address: 1492 Nursery Rd. Lillington
PIN # 0516-19-1156,000 Parcel # 0105170022

Job Cost: _____ Description of Work to be done: Plumbing for new construction bathroom building

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths 2 Water Heater
Well/Sewer connection

Specific Directions to Job from Lillington:

Subdivision: N/A Lot #: _____

I Jason Avery (All American Plumbing) will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 23263, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

All American Plumbing
Contractor's Company Name

910-897-3001
Telephone

157 E. Lemons St. Coats NC
Address

jaavery@allamerican.net
Email Address

23263
License #

Structure Owner / Contractor Signature: Jason Avery Date: 1/9/14

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license

Lacey Segars

From: Danielle Riddle <danielle.compendium@gmail.com>
Sent: Friday, January 10, 2014 12:19 PM
To: Lacey Segars
Subject: Contractor Change Request Form - Anderson Creek
Attachments: Contractor Change Request Form for Anderson Creek.pdf

Thank you so much! Not sure why I could not get it to fax!

If there are any questions please let me know.

Thanks!

Danielle Riddle
Compendium Contracting, LLC
919.718.0591