

Initial Application Date:

5/16/18
4/14/18

SCANNED

Application #

1850044037R

DRB #

CU #

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Campbell University Mailing Address: 143 Main St. 1
City: Buies Creek State: NC Zip: 27506 Contact # 910-893-1610 Email: johnsonr@campbell.edu

APPLICANT: SFC, LLC Mailing Address: PO Box 4200
City: Buies Creek State: NC Zip: 27506 Contact # 919-805-0664 Email: bretts@sf-nc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Brett Strickland Phone # 919-805-0664

PROPERTY LOCATION: Subdivision: _____ Lot #: _____ Lot Size: 8.59

State Road # 44 State Road Name: Hermon Rd. Map Book & Page: 2004/978

Parcel: 11 0670 900 PIN: 0670-172-2870.000

Zoning: INS Flood Zone: X Watershed: NA 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: _____

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: Interior Renovation

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: _____

Upfit adding Offices
(5) and new HVAC system
Revised Landuse, Adding Mechanical - Electrical
& New Plan Review

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

5-15-18

Date

This application expires 8 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

*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
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: Campbell University Date: 5-15-18
Site Address: 44 Harman Rd. Lillington, NC Phone: 910-893-1610
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Interior Renovation

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 25,000.00

SEC, LLC
Building Contractor's Company Name
PO Box 4200 Buies Creek, NC 27506
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
Telephone 910-893-8486
Email Address bretts@si-nc.com
License # 62649

Electrical Contractor Information: Electrical Cost \$ 35,000.00 + \$15,000.00
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Young's Electric Inc
Electrical Contractor's Company Name
PO Box 398 Angier, NC 27501
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
Telephone 919-639-2297
Email Address leniel@youngselectric.com
License # 4504-U

Mechanical Contractor Information: Mechanical Cost \$ 45,000.00 + \$30,000.00
Description of Work _____ # Units _____

Jackson + Sons
Mechanical Contractor's Company Name
2330 Indian Springs Road Dudley, NC 28333
Address
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
Telephone 919-658-5054
Email Address ginny.j@jacksonandsons.com
License # 10557

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

Youngs Electric, Inc
Fire Alarm Contractor's Company Name

919-639-2297
Telephone

P.O. Box 398 Angier, NC 27501
Address

lennel@youngselectric.com
Email Address

Address

4504-U
License #

Lennel Young
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]
Signature of Owner/Contractor/Officer(s) of Corporation

5-15-18
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: [Signature] VP

Date: 5-15-18