

Initial Application Date: 7.21.15

Application # 1550036689  
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: SEARS LANDHOLDINGS, LLC Mailing Address: 24863 OAKRIDGE RIVER RD.

City: FUQUAY-VARINA State: NC Zip: 27526 Contact # \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: BENTON DEWAR, PLS Mailing Address: 5920 HONEYCUTT RD.

City: HOLY SPRINGS State: NC Zip: 27540 Contact # BEN Email: benton.dewar@gmail.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: BEN DEWAR Phone # 919.868.1449

PROPERTY LOCATION: Subdivision: LOT B SPENCE MILL IND. PARK Lot #: 8 Lot Size: 3.13

State Road # US 401 State Road Name: FAMELA CT. Map Book&Page: PC F / 577C

Parcel: 080644 0112 08 PIN: 0654-57-5216.000

Zoning: I Flood Zone: N/A Watershed: IV Deed Book&Page: 3305 / 450 Power Company\*: DUKE

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

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: NORTH ON US 401, LEFT ON FAMELA CT.

SITE ON RIGHT (NORTH SIDE OF FAMELA CT.)

**PROPOSED USE:**

- Multi-Family Dwelling No. Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_
- Business Sq. Ft. Retail Space: \_\_\_\_\_ Type: TIRE & AUTO # Employees: 4 Hours of Operation: 8:00AM 5:00PM
- Daycare # Preschoolers: \_\_\_\_\_ # Afterschoolers: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Industry Sq. Ft: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Church Seating Capacity: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Kitchen: \_\_\_\_\_
- Accessory/Addition/Other (Size 20 x 30) Use: STORAGE

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: SOIL REPORT ATTACHED.

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.

Benton Dewar, PLS  
Signature of Owner or Owner's Agent

7.21.2015  
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**



HARNETT COUNTY CASH RECEIPTS

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: JOHNSON Type: CP Drawn: 1  
Date: 7/22/15 54 Receipt no: 26974

Year	Number	Amount
2015	50036689	
91748	TECH 1	
LILLINGSTON, NC 27546		
BI	BP - PERMIT FEES	

PLUG SITE REVIEW \$250.00

BENTON W DEWAR

Tender detail		
CK CHECK PAYMEN	19381	\$250.00
Total tendered		\$250.00
Total payment		\$250.00

Trans date: 7/22/15 Time: 3:22:32

\*\* THANK YOU FOR YOUR PAYMENT \*\*

NAME: Sears Tire! Auto

APPLICATION #: 36689

**\*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.**

Robert Bett Sears  
**PROPERTY OWNERS OR OWNERS LEGAL REPRESENTATIVE SIGNATURE (REQUIRED)**

10/18/15  
**DATE**

\*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 # 36689

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: BRETT SEARS Date: 1/13/15  
Site Address: 80 PAMELA COURT Phone: 919 427-9332  
Directions to job site from Lillington: 401 North In front of Thomas  
Concrete before you get to RANOL Church -- on the left!

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Tire/Auto Shop

Heated SF 1,000 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 100,000

✓ George R Wamble  
Building Contractor's Company Name Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Electrical Contractor Information:** Electrical Cost \$ 24,000

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

✓ Mabry's Electrical Service, Inc  
Electrical Contractor's Company Name Telephone 919 639-4837

Asheville, NC  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Mechanical Contractor Information:** Mechanical Cost \$ 7,000

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

BARCO Mechanical  
Mechanical Contractor's Company Name Telephone \_\_\_\_\_

122 Hillman Dr F.V 27526  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ 2,500

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

DTV Repair  
Plumbing Contractor's Company Name Telephone 919-552-6011

288 Bakerton Rd F.V 27526  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Owner/Contractor/Officer(s) of Corporation License # P.1 15986

**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.

Brett S  
Signature of Owner/Contractor/Officer(s) of Corporation

11/31/16  
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: Brett S

Sign w/Title: \_\_\_\_\_

Date: 11/31/16

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 . . . . .	15-50036689	Page	3
Property Address . . . . .	80 PAMELA CT	Date	1/13/16
PARCEL NUMBER . . . . .	08-0644- - -0112- -08-		
Application description . . .	CP NEW COMMERCIAL BLDG/ENTERPRISE		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

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

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Application Number . . . . .	15-50036689	Page	4
Property Address . . . . .	80 PAMELA CT	Date	1/13/16
PARCEL NUMBER . . . . .	08-0644- - -0112- -08-		
Application description . . .	CP NEW COMMERCIAL BLDG/ENTERPRISE		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

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 . . . . LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___
Permit type . . . . COMMERCIAL MECHANICAL PERMIT					
999	451	M451	C*GAS PIPING	_____	___/___/___
999	455	M455	C*MECH CHILLER PIPING	_____	___/___/___
999	457	M457	C*MECH DUCT	_____	___/___/___

\_\_\_\_\_

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Application description . . .	CP NEW COMMERCIAL BLDG/ENTERPRISE		
Subdivision Name . . . . .			
Property Zoning . . . . .	RES/AGRI DIST - RA-30		

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	465	M465	C*MECH FINAL	_____	___/___/___
999	463	M463	C*MECH OVERHEAD	_____	___/___/___
999	459	M459	C*MECH ROUGH IN	_____	___/___/___
999	453	M453	C*MECHANICAL UNDERGROUND	_____	___/___/___
999	461	M461	C*REFRIGERATION INSPECTION	_____	___/___/___
Permit type . . . . .			COMMERCIAL PLUMBING PERMIT		
999	361	P361	C*PLUMB FINAL	_____	___/___/___
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	_____	___/___/___

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 Application type description CP NEW COMMERCIAL BLDG/ENTERPRISE  
 Subdivision Name . . . . .  
 Property Zoning . . . . . RES/AGRI DIST - RA-30

Owner

Contractor

-----

SEARS LAND HOLDINGS LLC  
 24863 OAKRIDGE RIVER RD  
 FUQUAY VARINA NC 27526

OWNER

Applicant

-----

DEWAR BENTON  
 5920 HONEYCUTT RD  
 HOLLY SPRINGS NC 27540  
 (919) 868-1449

--- Structure Information 000 000 20X30 TIRE AND AUTO BUILDING  
 Flood Zone . . . . . FLOOD ZONE X  
 Other struct info . . . . . PROPOSED USE TIRE AND AUTO  
 SEPTIC - EXISTING? NEW

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Permit . . . . . COMMERCIAL BUILDING PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1123520  
 Issue Date . . . . . 1/13/16 Valuation . . . . . 100000  
 Expiration Date . . . . . 1/12/17

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Permit . . . . . COMMERCIAL ELECTRICAL PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1123538  
 Issue Date . . . . . 1/13/16 Valuation . . . . . 24000  
 Expiration Date . . . . . 1/12/17

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Permit . . . . . LAND USE PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1123561  
 Issue Date . . . . . 1/13/16 Valuation . . . . . 0  
 Expiration Date . . . . . 7/11/16

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Permit . . . . . COMMERCIAL MECHANICAL PERMIT  
 Additional desc . . . . .  
 Phone Access Code . . . . . 1123546  
 Issue Date . . . . . 1/13/16 Valuation . . . . . 7000

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HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

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Application Number . . . . .	15-50036689	Page	2
Expiration Date . . . . .	1/12/17	Date	1/13/16

Permit . . . . .	COMMERCIAL PLUMBING PERMIT		
Additional desc . . . . .			
Phone Access Code . . . . .	1123553		
Issue Date . . . . .	1/13/16	Valuation . . . . .	2500
Expiration Date . . . . .	1/12/17		

Special Notes and Comments

T/S: 07/22/2015 09:19 AM DJOHNSON --  
 SPENCE MILL IND PARK #8  
 401 N THEN LEFT ON PAMELA CT SITE IS ON  
 RIGHT. NORTH SIDE OF PAMELA CT.

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