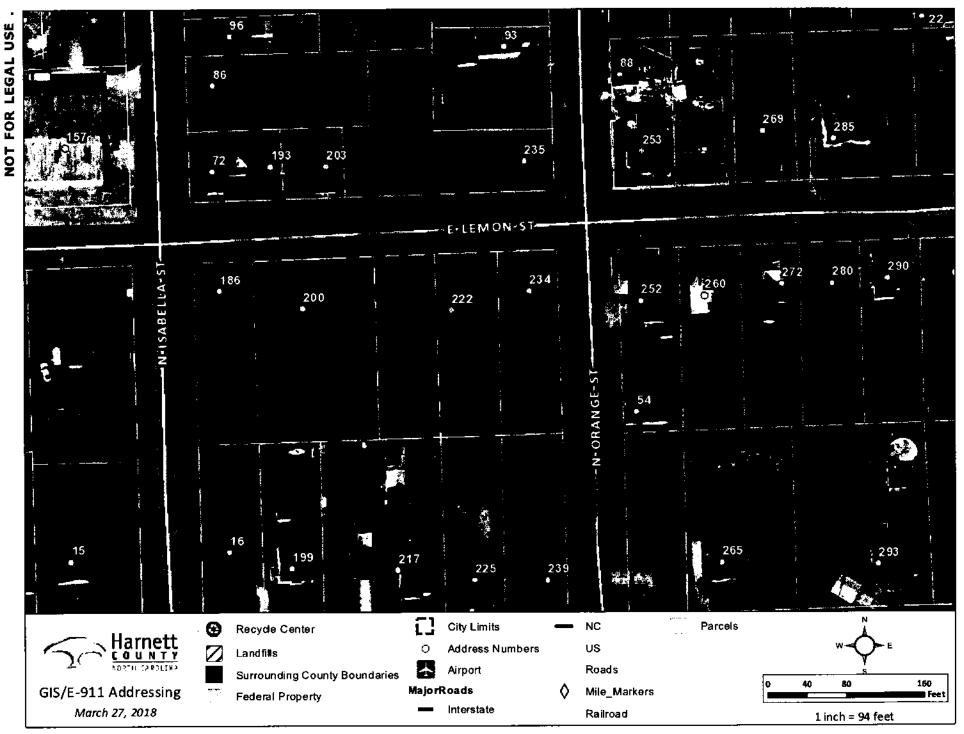
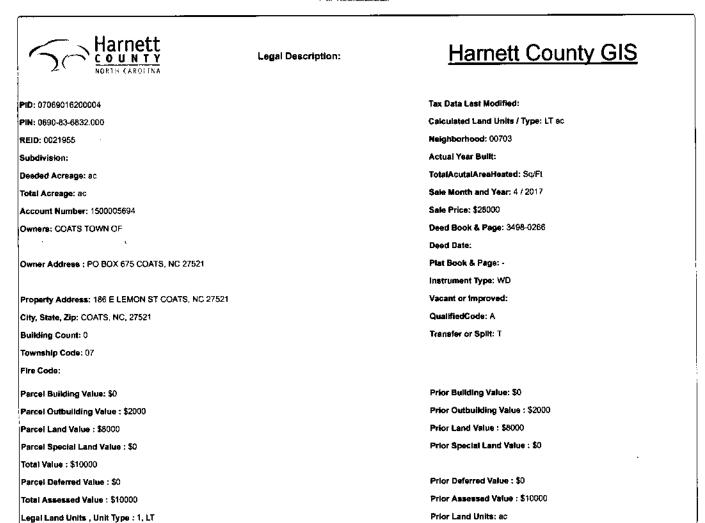
ZONING PERMIT APPLICATION

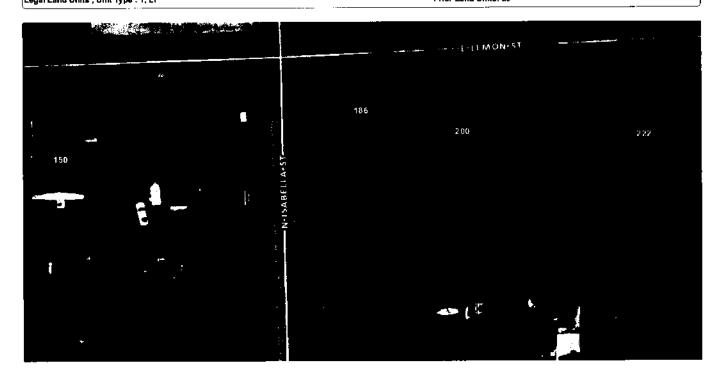
NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 3-27-18-2 Date: 3/27/201	8 Fee :		
Parcel ID*: 07669016 2000 04	Area Zoned As:	C-2	
APPLICANT:		PROP	ERTY OWNER:
Name (Print) Talon Constaudion	Name	Town of	Conts
Address Poprquer 148	Address	25 E.	Main St.
City, State Smithfield NE 275	_77 City, State	Couts	, NC
Zip Code	Zip Code	2752	<u> </u>
Phone # 919-938-2500	Phone #	910 - 9	897.5183
Location of Property: IN-TOWN	ЕТЈ	E7	TJ (contiguous)
Present Use of Property:			
PROPOSED USE OF PROPERTY:			
[] Single Family Dwelling: # Rooms: # Gunits: # of Units: # of Units: # of Units: # of Units: # Single wide: Section 16, Zoning Ordital # of employees public # Control # of Employees public # Control # of Employees public # Rooms: # of Units: #	#Bedrooms (per un Double Wide: nance must apply per day	it):	Square Feet (per unit) Type of business
[] Existing structure: Renovate:	Addition:		Demolish:
WATER AND SEWER SUPPLY: Water: [] Private [Sewer: [] Private [] Public []	Proposed Proposed	[]Existing []Existing
Applicant: I certify that all of the information present best of my knowledge. False information is grounds for		pplication.	
Signature:		Date: _	3/27/18
	ISTRATOR USE C	ONLY	APPROVED
Notes: Approved: [Zoning Administrator: Nok Holand		ed: [] ate: ³ /	TOWN OF COATS ZONING VALID FOR 12 MONTHS
THIS PERMIT IS VALID			



Print this page









Application for Plan Review

Applio	cation # 18 - 50043676
Date Received: 3 29	Received By:
Name of Project:	Town of Coats
Physical Address of Project:	186-234 hemon St
	Cocts NC 27521
Plans Submitted By:	Talon Construction Inc
Project Phone:	(919)-938-2500
Contact Person/Address:	Roy Pope
	POBOY 148
	Smithfield Ne 27577
Contact Email:	roy@talonconstruction, net
Contact Phone:	(919)-631-2388 ()
Contractor's Name/Info:	TalenConstauction Inc
	PO BOX 148
	Smithfield NC 27577
Contractor's Phone:	(519)-631. 2388

- Plans that are submitted will be reviewed as quickly as possible with an <u>average time of review</u> 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.

Application # 1850043074

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 whameett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Town of Coats		Date: 03-27-2018
Site Address: 100 E Lemon St	Phone:	
Directions to job site from Lillington: Hwy 27 to Hwy 55 in Coats, TR on 55 S	S, TL on E Lemon S	t, 2 blocks on Rt
Subdivision:	Lot:	
Description of Proposed Work: 4800 SF Metal Building		
Heated SF 4800 Unheated SF		
General Contractor Information: Building Cost \$	180,000.00	
Talon Construction Inc	919-938-2500	
Building Contractor's Company Name	Telephone	
P O Drawer 148, Smithfield NC 27577	roy@talonstruction	n.net
Address 2 2 2	Email Address	
1000	40931	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost	License #	
Description of Work 4800 SF Bldg Service Size:	400 Amps	#T-Poles ¹
GMH Electrical, Inc.	252-239-8501	
Electrical Contractor's Company Name	Telephone	
P.O. Box 280 Lucama, NC 27851	greg@gmhelectric	cal.com
Address	Email Address	
Gry House	16764-U	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical C	ost \$ 7,073.00	_
Description of Work 4800 SF Bldg	# Units_1	
Hines Heating & Air, Inc.	919-934-9359	
Mechanical Contractor's Company Name	Telephone	
P.O. Box 2360 Smithfield, NC 27577	swise.hineshvac@	gmail.com
Address	Email Address	
mikattines	13732	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License # \$ 10,445.00	
Description of Work 4800 SF Bldg	# Baths 1	_
KRS Plumbing	919-320-5645	
Plumbing Contractor's Company Name	Telephone	
1720 Braswell Rd. Smithfield, NC 27577	krsplumbing7@gn	nail.com
Address	Email Address	
Ricky, Sanger	13 236	
Signature of Ovner/Contractor/Officer(s) of Corporation	License #	· · · · · · · · · · · · · · · · · · ·
Insulation Contractor Information		
N/A		
Insulation Contractor's Company Name & Address	Telephone	

*NOTE: General Contractor must fill out and sign the second page of this application

Sprinkler Contractor Info	<u>mation</u>
N/A	
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor Info	License #
N/A	
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Drive	
I hereby certify that I have the authority to make necessary appliand that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if <u>any</u> changes occur number of bedrooms, building and trade plans, Environmental Hechanges, I certify it is my responsibility to notify the Harnett Coulany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee it is charged at full price per current fee schedule.	e Building, Electrical, Plumbing and I state the information on the above including listed contractors, site plan, ealth permit changes or proposed use inty Central Permitting Department of
(WIN)	
- 1 - 1	03/27/18
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensat The undersigned applicant being the:	
Affidavit for Worker's Compensat	ion N.C.G.S. 87-14
Affidavit for Worker's Compensation of the undersigned applicant being the:	ion N.C.G.S. 87-14 Agent of the Contractor or Owner
Affidavit for Worker's Compensate The undersigned applicant being the: General Contractor Owner Officer/ Do hereby confirm under penalties of perjury that the person(s), f	ion N.C.G.S. 87-14 Agent of the Contractor or Owner irm(s) or corporation(s) performing the work
Affidavit for Worker's Compensate The undersigned applicant being the: General Contractor Owner Officer/ Do hereby confirm under penalties of perjury that the person(s), for set forth in the permit:	Agent of the Contractor or Owner irm(s) or corporation(s) performing the work rs' compensation insurance to cover them.
Affidavit for Worker's Compensate The undersigned applicant being the: General Contractor Owner Officer/ Do hereby confirm under penalties of perjury that the person(s), for set forth in the permit: Has three (3) or more employees and has obtained worke Has one (1) or more subcontractors(s) and has obtained worker.	Agent of the Contractor or Owner irm(s) or corporation(s) performing the work rs' compensation insurance to cover them.
Affidavit for Worker's Compensate The undersigned applicant being the: General Contractor Owner Officer/ Do hereby confirm under penalties of perjury that the person(s), for set forth in the permit: Has three (3) or more employees and has obtained worke Has one (1) or more subcontractors(s) and has obtained worke Has one (1) or more subcontractors(s) who has their own	Agent of the Contractor or Owner irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. Vorkers' compensation insurance to cover policy of workers' compensation insurance
Affidavit for Worker's Compensate The undersigned applicant being the: General Contractor Owner Officer/ Do hereby confirm under penalties of perjury that the person(s), f set forth in the permit: Has three (3) or more employees and has obtained worke Has one (1) or more subcontractors(s) and has obtained withem. Has one (1) or more subcontractors(s) who has their own covering themselves.	Agent of the Contractor or Owner irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. Vorkers' compensation insurance to cover policy of workers' compensation insurance insurance insurance irs.
Affidavit for Worker's Compensate The undersigned applicant being the: General Contractor Owner Officer/ Do hereby confirm under penalties of perjury that the person(s), f set forth in the permit: Has three (3) or more employees and has obtained worke Has one (1) or more subcontractors(s) and has obtained withem. Has one (1) or more subcontractors(s) who has their own covering themselves. Has no more than two (2) employees and no subcontractor While working on the project for which this permit is sought it is undepartment issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working on the permit and at any time during the permitted working the permit and at any time during the permit and at any time during the permitted working the permit and at any time during the permitted working the permit and at any time during the permitted working the permit and at any time during the permitted working the permit and at any time during the permit and at any	Agent of the Contractor or Owner irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. Vorkers' compensation insurance to cover policy of workers' compensation insurance insurance rs. Inderstood that the Central Permitting per of worker's compensation insurance prior rk from any person, firm or corporation

Jennifer Brock

From:

Jo Pope <jo@talonconstruction.net>

Sent:

Friday, May 11, 2018 11:37 AM

To:

Jennifer Brock

Subject:

FW: LiensNC Notice of Appointment of Lien Agent - Address: 186-234 Lemon Street,

Coats, 27521

Lien Agent info below. Thanks, Jo

Mary Jo Pope
Office Administrator
Talon Construction, Inc.
919-938-2500
jo@talonconstruction.net
www.talonconstruction.net

From: LiensNC Support [mailto:donotreply@liensnc.com]

Sent: Friday, May 11, 2018 11:33 AM

To: Undisclosed recipients:

Subject: LiensNC Notice of Appointment of Lien Agent - Address: 186-234 Lemon Street, Coats, 27521

A(n) Appointment of Lien Agent was filed on May 11, 2018, 11:32:50 AM using the North Carolina Online Lien Agent System (LiensNC). Details of this filing include:

Project Property

Town of Coats - Public Works Building 4,800 s.f. Pre-Engineered metal building 186-234 Lemon Street Coats, NC 27521 Harnett County

Entry Number: 850700 (entry search, view related filings)

Date of Filing: May 11, 2018, 11:32:50 AM

Lien Agent

First American Title Insurance Company

• Online: www.liensnc.com

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC 27601

Phone: 888-690-7384Fax: 913-489-5231

Email: support@liensnc.com

Owner Information

Town of Coats 25 East Main Street Coats, NC 27521

United States Email: tclayton@daa.com

Phone: 910-897-5183

Design Professionals

Draper Aden Associates 930 Main Campus Drive Suite 151 Raleigh, NC 27606

Email: tclayton@daa.com Phone: 919-827-0864

Click to view full filing details

Scan for instant access on your mobile phone



Unsubscribe

