



\*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 # ECOM1903-0002

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: HARNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES Date: 2/25/19

Site Address: 440 LONG BRANCH ROAD DUNN, NC 28334-5588 Phone: \_\_\_\_\_

Description of Proposed Work: install 50kw on exisiting cell tower for emergency back up power

**General Contractor Information:** Building Cost \$ \_\_\_\_\_

Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

**Electrical Contractor Information:** Electrical Cost \$ 4700.00

Description of Work install 50kw for emergency b Service Size: 200 Amps #T-Poles \_\_\_\_\_

Site Dev Inc \_\_\_\_\_ 813 892 5718

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

5333 SE 160th Ave Ocklawaha FL 32179 \_\_\_\_\_ stephanie\_renee@outlook.com

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

John R Brooks Digitally signed by John R Brooks Date: 2019.01.31 09:49:30 -05'00' \_\_\_\_\_ L.12854

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 \$ \_\_\_\_\_

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**

_____ 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.

John R Brooks	<small>Digitally signed by John R Brooks Date: 2019.01.31 09:56:47 -05'00'</small>	2/25/19
_____ Signature of Owner/Contractor/Officer(s) of Corporation		_____ 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.

Sign w/Title: John R Brooks	<small>Digitally signed by John R Brooks Date: 2019.01.31 09:58:53 -05'00'</small>	Date: 2/25/19
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TOWN OF LILLINGTON  
ZONING PERMIT APPLICATION

Planning & Inspections Department  
106 West Front Street, PO Box 296 Lillington NC 27546  
• phone 910-893-0311 • fax 910-893-3693  
lillingtonnc.org

APPLICANT INFORMATION

Applicant: Emily Flack  
Address: 3500 Regency Pkwy St. 100  
City: Cary State: NC Zip: 27518  
Phone: 336 944 3649 Email: emily.flack@americantower.com  
Property Owner (if different from applicant): American Tower  
Address: 3500 Regency Parkway St. 100  
City: Cary State: NC Zip: 27518  
Phone: 336 944 3649 Email: emily.flack@americantower.com

PROJECT TYPE

Zoning Permit Requested:  Land Usage (new business, etc.)  Construction  
Proposed Use Requested:  Residential Structure  Non-Residential Structure  Accessory Structure  
 Business  Swimming Pool  Manufactured Home  Home Occupation  Deck / Porch  
 Renovation / Repair  Other generator install

GENERAL PROJECT INFORMATION

Project Address / Location: 440 Long Branch Road  
Subdivision (phase / lot number): \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Size of Property (in acres): 3.4474 Harnett Co. Tax PIN #: 0215150016  
Special Flood Hazard Area:  Yes  No (if Yes, a Floodplain Development Permit may be required)  
Watershed Information:  Not located in one  Cape Fear - Critical  Cape Fear - Protected  
Project Square Footage: 48' Town Jurisdiction:  In-Town Limits  ETJ

**DESCRIPTION OF WORK**

Description of work to be completed for this project:

American Tower is installing a small backup generator on an existing cell phone tower to provide coverage in case of an emergency.

*For Land Usage requests, please describe the proposed use in detail (example: provide a detailed description of proposed business)*

**SIGNATURES**

I / we do hereby certify that all information given above is true, complete and accurate to the best of my / our knowledge. I also authorize the Town of Lillington or a contractor on behalf of the town to conduct a site inspection to insure compliance to this application. I also understand that this Zoning Permits will expire six (6) months from the date of issuance, if the work is not started. A final inspection is required for all development permits issued by the Town of Lillington. To schedule an inspection, please call 910-893-2654.

Emily Flack

Applicant Print Name

Emily Flack

Applicant Signature

2/26/19

Date

**FOR TOWN OF LILLINTON USE ONLY**

Approval  Denial Permit Number: \_\_\_\_\_

Zoning Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_