

Initial Application Date:	Application #
	DRB # CU #
CON	MMERCIAL
COUNTY OF HARNI	ETT LAND USE APPLICATION
Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546, (Mailing) PO Box 65/Lill	Inigton NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits
LANDOWNER: Joseph Gadar My trese ent	Aailing Address:
City: Lillinda State: MC Zip: 25th Con	ntact# 910-891-9600 Email: Faday Town Dember
APPLICANT: Toseph M. Garday	Mailing Address: 1116 Tysings Rd
City: Lillandon State: NC Zip: 205/6 Co	intact # 20 89/ 7600 Email: Farther truing & 4 mbg
"Please fill out applicantinformation if different than landowner	1.14.11.00.11
CONTACT NAME APPLYING IN OFFICE: 50 Gordon	Phone # 910 891 9600
	PIN: $OOO \cdot 10 \cdot OUO$
Zoning: Watershed: Flood: Deed I	Book Page: 3733, 0144
Setbacks - Front: Back: Side:	
PROPOSED USE: Multi-Family Dwelling No. Units: No. Bedroom:	s/Unit:
Mode-Partity Dwelling 140. Office.	
Business Sq. Ft. Retail Space:Type:	# Employees: Hours of Operation:
*	
☐ Davcare # Preschoolers: # Afterschoolers:	# Employees: Hours of Operation:
☐ Industry Sq. Ft:Type:	# Employees: Hours of Operation:
Church Seating Capacity: #	Daulioonis
J. W. Sing Office (Sing 27) Visco X3 MM	; Storage
Accessory/Addition/Other (Size Accessory/Addition/Other (Size Accessory/Addition/Other (Size	
County Existing Well New Well	# of dwellings using well) *Must have operable water before final
(Need to C	
Sewage Supply: New Septic Tank Expansion Relocation (Complete Environmental Health Checklist on other sides)	tionExisting Septic Tank County Sewer
	Sugar-sugar-
Comments:	
If pormits are greated Lagrage to conform to all ordinances and laws of	the State of North Carolina regulating such work and the specifications of plans submitted
I berefy state that foregoing statements are accurate and correct to the	ne best of my knowledge. Permit subject to revocation if false information is provided.
Thereby state that foregoing statements are assured and	1/2= 12-01
Joseph M Stand	<u> </u>
Signature of Owner or Owner's Ag	gent / Date /

This application expires 6 months from the initial date if permits have not been issued

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

tis the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1385752

Filed on: 01/20/2021 Initially filed by: Southeasternconstruction

Designated Lien Agent

Project Property

Chicago Title Company, LLC

Online: www.liensnc.com (http://www.liensnc.com)

Address: 223 S. West Street, Suite 900 /

Raleigh, NC 27603 Phone: 888-690-7384

Fax: 913-489-5231

Email: <u>support@liensnc.com</u> (meilto.support@lensnc.com)

3470 NC Hwy 210 N Lillington, NC 27546 **Harnett County**

Property Type

Other

Owner Information

My Storage Unit LLC 3470 NC Hwy 210 N Lillington, NC 27546 **United States**

Email: gardnertowing@embarqmail.com

Phone: 910-891-9600

Date of First Furnishing

01/20/2021

Print & Post



Contractors:

Please post this notice on the Job Site.

Suppliers and Subcontractors: Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

iew Comments (0)

Technical Support Hotline: (888) 690-7384





Application for Plan Review

Application #
Date Received: Received By:
Name of Project: My Storage Unit UC Gardin mini
Physical Address of Project: 3470 NC. Huy 210 N
Physical Address of Project: 3400 NC Huy 210 N Lillington NC 37546
Plans Submitted By: See Gardaw
Project Phone: (910)- 891- 9600
Contact Person/Address: 1116 Tysinge 2d
Contact Person/Address: 1116 Tysinge Rd Lillington NC 37546
Contact Phone: (90)- 600 950 (90)- 891- 9600
Contractor's Name/Info: South Fastern Constructor of Bubs Charle
90 Box 157
Buies Clark NC 27506
Contractor's Phone: 99 -282-2443 Michael Worker

- 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 or by calling the Harnett County Central Permitting Office (910) 893-7525 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.



This application expires 6 months from the initial date if permits have not been issued APPLICATION CONTINUES ON BACK

This application expires 6-months from the initial date if permits have not been issued

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

Environmental Health New Septic System

- 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 <u>undergrowth</u> 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.

Environmental Health Existing Tank Inspections

- 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

"MORE INFORMATION MAY BE REQUIRED TO COMPLETE ANY INSPECTION"

SEPTIC		
If applying for a	authorization	to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.
Accepted	i	{}} Innovative {}} Conventional {}} Any
Alternati		{}} Other
The applicant si question. If the	hall notify t answer is	the local health department upon submittal of this application if any of the following apply to the property in 'yes", applicant MUST ATTACH SUPPORTING DOCUMENTATION:
{_}}YES {_	_} NO	Does the site contain any Jurisdictional Wetlands?
{_}}YES {_	_} NO	Do you plan to have an <u>irrigation system</u> 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?
	NO	Are there any Easements or Right of Ways on this property?
(NO	Does the site contain any existing water, cable, phone or underground electric lines?
(If we please call No Cuts at 800-632-4949 to locate the lines. This is a free service.
* ** * * * * **	Lie Amplicati	And Coults. That The Information Provided Herein Is True, Complete And Correct. Authorized County And State
1 Have Kead 1	nis Applicati	t Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I
Officials Are G	Franted Righ	t Of Entry To Conduct Necessary inspections 20 And I property Lines And Corners And Making The Site
Understand Th	hat I Am Sol	ely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site
Accessible So	That A Com	plete Site Evaluation Can Be Performed.



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 nformation 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 Po	ermit 1 January
Owner's Name: Toseph M. Garday	Date: 1/20/202/
Owner's Name: Joseph M. Gardy Site Address: 3470 NC. Hwy 210 N 21/1 Description of Proposed Work: Mini Storage Units	netar Phone: 918-891-9650
Description of Proposed Work: Mini Storage Units	J. neus
General Contractor Information: Building Cost \$	160.000
Southerstorn Construction of Buics Creek	9/9-282-2443 Telephone
	Telephone
PO Box 157 Buies Creek, NC 27506	Michael @S:-NC.COM
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	<u>62649</u> License #
Floatrical Contractor Information: Floatrical Cost \$	
Description of Work Service Size: Zoos	Amps #T-Poles
Description of Work Service Size: Zoos Electrical Contractor's Company Name	919-639-2297
Electrical Contractor's Company Name	Telephone
	Brian @ Voundsflecter. Email Address
Address	4504-0
Signature of Owner/Contract (r) Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Cos	st \$
	COLUMN TO THE CO
Description of Work	# Units
Description of Work	
Mechanical Contractor's Company Name	# Units
	Telephone
Mechanical Contractor's Company Name Address	Telephone Email Address
Mechanical Contractor's Company Name Address Address	Telephone Email Address License #
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	Telephone Email Address License #
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	Telephone Email Address License #
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work	Telephone Email Address License #
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	Telephone Email Address License # # Baths
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Contractor's Company Name	Telephone Email Address License # # Baths
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work	Telephone Email Address License # # Baths Telephone Email Address
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation	Telephone Email Address License # # Baths Telephone
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation	Telephone Email Address License # # Baths Telephone Email Address
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation	Telephone Email Address License # # Baths Telephone Email Address
Mechanical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation	Telephone Email Address License # # Baths Telephone Email Address

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



Sprinkler Contractor Information	1	
Sprinkler Contractor's Company Name	Telephone	
	Ciopriorie	
Address	Email Address	
Signature of Officer(s) of Corporation Fig. Alarm Contractor Information	License #	
THE Alaim Contractor Information	on	
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 Driveway Acc	ccess/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		
Affidavit for Worker's Compensation	N.C.G.S. 87-14	
The undersigned applicant being the:		
General Contractor Owner Officer/Agent	t of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	or corporation(s) performing the work	
Has three (3) or more employees and has obtained workers' co	mpensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained worke them.	rs' compensation insurance to cover	
Has one (1) or more subcontractors(s) who has their own policy covering themselves.	y of workers' compensation insurance	
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.	Date: 1-20-21	
Sign w/Title:		

LIEN AGENT INFORMATION

Effective April 1, 2013

In accordance with North Carolina General Assembly Session Law 2012-158, Inspection Departments are not allowed to issue any permit where the project cost is \$30,000 or more unless the application is for improvements to an existing dwelling that the applicant uses as a residence **OR** the property owner has designated a lien agent and provided the inspections office with the information below:

Name of Lien Agent	Chicago Title Company UC
Mailing address of Agent	223 S. West Street Suit 900
Physical address of Agent	Ralepp 1K 27603
Telephone888-69	0-7384 Fax 913-489-5231
Email Support to hers	SNC, COM
	1 - 1 - a man it report and a convenient to the

The information will be attached to the permit record and a copy provided to the applicant. The applicant is required to post a copy on the construction site.

Excerpt from North Carolina G.S. 160A-417:

"(Effective April 1, 2013) No permit shall be issued pursuant to subdivision (1) of subsection (a) of this section where the cost of the work is thirty thousand dollars (\$30,000) or more, other than for improvements to an existing single-family residential dwelling unit as defined in G.S. 87-15.5(7) that the applicant uses as a residence, unless the name, physical and mailing address, telephone number, facsimile number, and electronic mail address of the lien agent designated by the owner pursuant to G.S. 44A-11.1(a) is conspicuously set forth in the permit or in an attachment thereto. The building permit may contain the lien agent's electronic mail address. The lien agent information for each permit issued pursuant to this subsection shall be maintained by the inspection department in the same location in which it maintains its record of building permits issued."