

NON-RESIDENTIAL CONSTRUCTION APPLICATION

Planning & Inspections Department 102 East Front Street, PO Box 296 Lillington NC 27546 • phone 910-893-0311 •fax 910-893-3693 lillingtonnc.org

PLEASE NOTE:

- 1. Five sets of construction plans;
- 2. Three sets of site plans with setbacks;
- 3. All application items and signatures must be complete;
- 4. Permit costs based on construction costs.

Owner Information: Name Hatcher Creek LLC	Phone 91942	Phone 9194227065		
Home Street Address 126 Brandon Dr	City Lillington	State N	C Zip 27546	
Lot Number Subdivision				
Site Location Information (if different from Owner's	Home Address):			
	City <u>Lillington</u>	State NC	Zip 27546	
Lot NumberSubdivision	Phase			
General Contractor:				
Name - Please Print Clayton Britt and Sons Inc				
*N.C. State License # 35207U Expiration of V	Vorkers Compensation Insurance 08/1	8/2022		
Phone 910-868-8319 Fax 910-868-1487	Email ccox@spaandpoolworld.co	om		
Street Address PO Box 29	City Fayetteville	State NC	Zip 28302	
Street Address PO Box 29 General Contractor's Signature	Contact Person Christine	Cox		
Electrical Company:				
Company Name – Please Print Mabry's Electrical Service In	c			
*N.C. State License # U15077 Authorized Contra		ahn,	0	
Street Address 721 Mohry Pd	Email johnnie@mabryelectrica	State NC	7in 27501	
Street Address 731 Mabry Rd Authorized Contractor's Signature Authorized Making	City Anglet	State NC	_Zip <u>_Z/301</u>	
Authorized Contractor's Signature province in the Authorized Contractor's Signature				
W. L. 1.10				
Mechanical Company:				
Company Name – Please Print Author		-		
*N.C. State License # Author	rized Contractor's Name (print legibly)			
Phone Fax	Email			
Street Address	City	State	Zip	
Authorized Contractor's Signature		-	www.	
Plumbing Company:				
Company Name - Please Print				
*NI O OL-1-1'#				
Phone Fax	Email			
Phone Fax Street Address	City	State	Zip	
Authorized Contractor's Signature				

^{*}State license number must match name of company.

Cost of work being performed:	
Electrical: \$ 10,000.00	
Mechanical: \$	
Plumbing: \$	
Building: \$	
TOTAL:	
CHARACTERISTICS OF BUILDING (Please che New Building Alteration Repair Monument Construction Trailer Multi-Family X Other: In ground concrete swimming pool	Addition Fit Up Sign Retaining Wall Sales Trailer
TYPE OF SEWER:X Public Private	TYPE OF FRAME: Wood Masonry Concrete Structural Steel
TYPE OF FOUNDATION:	NUMBER OF FLOORS PER BUILDING:
Crawl Space	TOTAL SO ET OF FACH FLOOP
Basement Slab	TOTAL SQ. FT. OF EACH FLOOR:
	REHOUSE RESTAURANT HOOL RECREATIONAL
Please Contact Christine Cox	when permit is ready
(Name)	(Phone number)
Applicant Name - Print - Christine Cox	
Applicant Signature Christine Cy	Date 7/7/2022
Inspection Signature	Date