



COUNTY OF HARNETT CHECK REQUEST FORM

Account Number: 110-0000-345.30-01 F/L Mail to payee

Project Number: _____ Check to be picked up by:

Vendor Name: Jennifer Hollowell _____

Vendor Number: Recovery Connections Community (Requires approval of Finance Officer)

65 Chestnut Hill Approved: _____ Disapproved: _____

Date: June 21, 2017 Black Mountain, NC 28711 _____

	Description	Amount
	Food & Lodging Plan Review Fee	\$ 200.00
	For: Community Café, Erwin NC	
	HTE # 17-5-41455	
Total Amount Due		\$ 200.00

Fee collected by Central Permitting in error. This restaurant is in transition and no fee shall be collected.

This check request has been examined by me and is hereby approved for payment.

Department Head or Authorized Designee _____ Date _____

Graham H. Byrd, R.E.H.S.

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act

Harnett County Finance Director

17-50041455
Refund \$200.00
Transitional - no fee

Food Service Plan Review Application

Type of plan: New _____ Remodel _____

Name of Establishment: Community Cafe

Physical Address: 121 East H Street

City: Erwin State: N.C. Zip: 28339

Phone (if available): 910-980-0640 Fax: _____

Email: c.cafe2@aol.com

Applicant: Jerry Knutson

Address: 3110 F County Line Road

City: Ashe State: N.C. Zip: 25701

Phone: 828-775-9232 Fax: _____

Email: c.cafe2@aol.com

Owner (if different from Applicant): Recovery Connections Community

Address: 65 Chestnut Hill

City: Black Mountain State: N.C. Zip: 28711

Phone: 828-669-7874 Fax: _____

Email: rconnectcom@aol.com

I certify that the information in this application is correct, and I understand that any deviation without prior approval from this Department may nullify plan approval.

Signature: [Signature] Date: 5/15/17
(Applicant or Responsible Representative)

CK to: Jennifer Hollowell, CEO
Black Mountain, NC Recovery Connections
65 Chestnut Hill
28711 - per Jerry Knutson

Hours of Operation:

Mon 6-3 Tues 6-3 Wed 6-3 Thurs 6-3 Fri 6-3 Sat 6-3 Sun 7-3

Harnett County
Application Fees Maintenance

Application number . : 17 50041455
Address : 121 E H ST
Position to : _____ Starting characters 06

Type options, press Enter.

1=Select

Opt	Amount To Apply	Description	Previously Applied	Paid	Inactive
-	50.00	FM* SPECIAL ASSEMBLY	.00	.00	
-	35.00	FM* SPRINKLER CERT TEST	.00	.00	
-	50.00	FM* STANDPIPES	.00	.00	
-	150.00	FM* 10001 TO 25000 SQ FT	.00	.00	
-	250.00	FM* 25001 SQ FT OR OVER	.00	.00	
-	100.00	FM* 5001 TO 10000 SQ FT	.00	.00	
-	75.00	FM*CANOPIES,TENT,AIR SUPP	.00	.00	
-	10.00	HOMEOWNER RECOVERY FUND	.00	.00	
-	.00	HS* FOOD AND LODGING	200.00	200.00	

More...

F3=Exit F9=Display all F12=Cancel

