

## COUNTY OF HARNETT CHECK REQUEST FORM

Account Number:	110-0000-345.30-01 F/L	Χ	Mail to payee	
Project Number:			Check to be picked u	p by:
Vendor Name:	Jennifer Hollowell			
Vendor Number:	Recovery Connections Community		(Requires approval of	Finance Officer)
	65 Chestnut Hill		Approved: Disapp	roved:
Date: June 21, 2017	Black Mountain, NC 28711	71.		
	Description		Amour	nt
	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 fee shall be collected.	r. Th	is restaurant is in trar	sition and no
				Web at the second
This check request has	been examined by me and is hereby approved for	r pay	ment.	
Departm	nent Head or Authorized Designee	- ,	Date	
Graham H. Byrd, R.E.H.	Ab / // R / A A		7	
	preaudited in the manner required			
	by the Local Government Budget and Fiscal Control Act			
	una riscai control Act			
	Harnett County Finance Director			

17-50041455

## Food Service Plan Review Application Refund 200.00 Type of plan: New Remodel Name of Establishment: Community Cate Physical Address: 121 EKT City: ERWIN State: N.C. Zip: 28339 Phone (if available): 910-980-0640 Fax: Email: C.Cafe 2 Pad. Com Applicant: Jerry Knutson State: N.C. Zip: 25701 City: Aucier Phone: 828-775-9232 Email: c.cafe20 apl.com Owner (if different from Applicant): Recovery Connections Community Address: 65 Chestnut Him City: Black Mountain State: N.C. Zip: 28711 Phone: 828-669-7874 Fax: Email: (Connectcon ) go (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: (Applicant or Responsible Representative) CK to : Jennifer Zollowell, CED Black Recovery Connection Mountain, NC 65 Chestnut Hill 28711 - per Jerry Krintson **Hours of Operation:** Mon 6-3 Tues 6-5 Wed 6-3 Thurs 6-3 Fri 6-3 Sat 6-3 Sun 7-3

BP821U01

## Harnett County Application Fees Maintenance

5/31/17 10:14:43

More...

Application number . : 17 50041455

Address . . . . : 121 E H ST 06
Position to . . . . \_\_\_\_\_\_ Starting characters

Type options, press Enter. 1=Select

T=	Select				
	Amount		Previously Previously		
Opt	To Apply	Description	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	

F3=Exit F9=Display all F12=Cancel

## HARNETT COUNTY CP/ENVIRON HEALTHTRACKING SHEET

		\$3,325.00				
	5/23/2017	N/C	5/24/2017	REV	MAGDALENA OROZCO	16-5-39599R
	5/23/2017	\$200.00	5/24/2017	H/S	BOBBY L MICHERSON JR	17-5-41455
	5/23/2017	\$750.00	5/24/2017	NEW	WEAVER DEV	17-5-41460
RETURN TRIP	5/23/2017	\$25.00	5/24/2017	RET	ROBERT A TUTOR	17-5-41061
	5/23/2017	\$750.00	5/24/2017	NEW	WELLONS REALTY	17-5-41458
	5/23/2017	\$750.00	5/24/2017	NEW	WELLONS REALTY	17-5-41457
	5/23/2017	\$750.00	5/24/2017	NEW	WELLONS REALTY	17-5-41456
	5/23/2017	\$100.00	5/24/2017	ET	STEVEN AND KAREN UNGER	17-5-41462
REMARKS	TRACK DATE	FEES	TYPE REC,EH	TYPE	APPLICANT NAME	APPLICATION
HEET	TRACKING SH	ANITATION	ALTH & S.	L/HE	ENVIRONMENTAL / HEALTH & SANITATION TRACKING SHEET	
						CONTRACTOR OF THE PERSON NAMED IN COLUMN NAMED