



## Application for Plan Review

Application # FMFW1812-0009

Date Received: 12/27/18 Received By: LL

Name of Project: Leap of Faith Academy, III

Physical Address of Project: 4507 NC-55  
Erwin, NC 28339

Plans Submitted By: Dawanda Burrus

Project Phone: (919) 672 8783

Contact Person/Address: Dawanda Burrus  
13 Daly Court  
Durham, NC 27705

Contact Email: leapoffaithacademy@yahoo.com

Contact Phone: (919) 672 8783 ( ) - -

Contractor's Name/Info: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor's Phone: ( ) - -

- 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 <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), 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.



Town of Erwin  
**Zoning Application & Permit**  
 Planning & Inspections Department

**COPY**

Permit #

Rev Sep2014

Each application should be submitted with an attached plot/site plan with the proposed use/structure showing lot shape, existing and proposed buildings, parking and loading areas, access drives and front, rear, and side yard dimensions.

Name of Applicant	<u>Dawanda Burrus</u>	Property Owner	<u>Steve Murphy</u>
Home Address	<u>13 Daly Ct.</u>	Home Address	<u>3508 Lela Ct.</u>
City, State, Zip	<u>Durham, NC 27705</u>	City, State, Zip	<u>Raleigh, NC 27604</u>
Telephone	<u>919-672-8783</u>	Telephone	<u>919-524-1000</u>
Email	<u>leapoffaithacademy@yahoo.com</u>	Email	<u>stevemurphy31@gmail.com</u>

Address of Proposed Property	<u>4507 N. Hwy. 55 Erwin, NC 28339</u>		
Parcel Identification Number(s) (PIN)	<u>0598-92-0261</u>	Estimated Project Cost	
What is the applicant requesting to build / what is the proposed use of the subject property? Be specific.	<u>Childcare Center</u>		
Description of any proposed improvements to the building or property	<u>NONE</u>		
What was the Previous Use of the subject property?	<u>Childcare Center</u>		
Does the Property Access DOT road?	<u>yes</u>		
Number of dwelling/structures on the property already	<u>1</u>	Property/Parcel size	<u>3.43</u>
Floodplain SFHA <u>Yes</u> <input checked="" type="checkbox"/> <u>No <input type="checkbox"/></u>	Watershed <u>Yes</u> <input type="checkbox"/> <u>No <input checked="" type="checkbox"/></u>	Wetlands <u>Yes</u> <input type="checkbox"/> <u>No <input checked="" type="checkbox"/></u>	
<u>MUST</u> circle one that applies to property	Existing/Proposed Septic System	Or	
	Existing/Proposed County/City Sewer		

**PAID**

**Owner/Applicant Must Read and Sign**

The undersigned property owner, or duly authorized agent/representative thereof certifies that this application and all answers, statements, and other information herewith submitted are in all respects true and correct to the best of their knowledge and belief. The undersigning party understands that any incorrect information submitted may result in the revocation of this application. Upon issuance of this permit, the undersigning party agrees to conform to all applicable town ordinances, zoning regulations, and the laws of the State of North Carolina regulating such work and to the specifications of plans herein submitted. The undersigning party authorizes the Town of Erwin to review this request and conduct a site inspection to ensure compliance to this application as approved.

<u>Dawanda Burrus</u>	<u>D Burrus</u>	<u>11-21-18</u>
Print Name	Signature of Owner or Representative	Date

**For Office Use**

Zoning District	<u>RD</u>	Existing Nonconforming Uses or Features	
Front Yard Setback	<u>40'</u>	Other Permits Required	<input type="checkbox"/> Conditional Use <input type="checkbox"/> Building <input type="checkbox"/> Fire Marshal <input checked="" type="checkbox"/> Other
Side Yard Setback	<u>12'</u>	Requires Town Zoning Inspection(s)	<input type="checkbox"/> Foundation <input type="checkbox"/> Prior to C. of O.
Rear Yard Setback	<u>40'</u>	Zoning Permit Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied
		Fee Paid: <u>\$10</u>	Date Paid: <u>11/26/18</u> Staff Initials: <u>SB</u>

Comments	<u>need conditional use permit to create a daycare center</u>
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Signature of Town Representative: <u>Gene Bowler</u>	Date Approved/Denied: <u>11/26/18</u>
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will need additional approval to install  
 check with NCDOT to install a new driveway  
 will need to obtain a new drive way permit.

pd  
 mo #  
 80694196

TOWN OF ERWIN

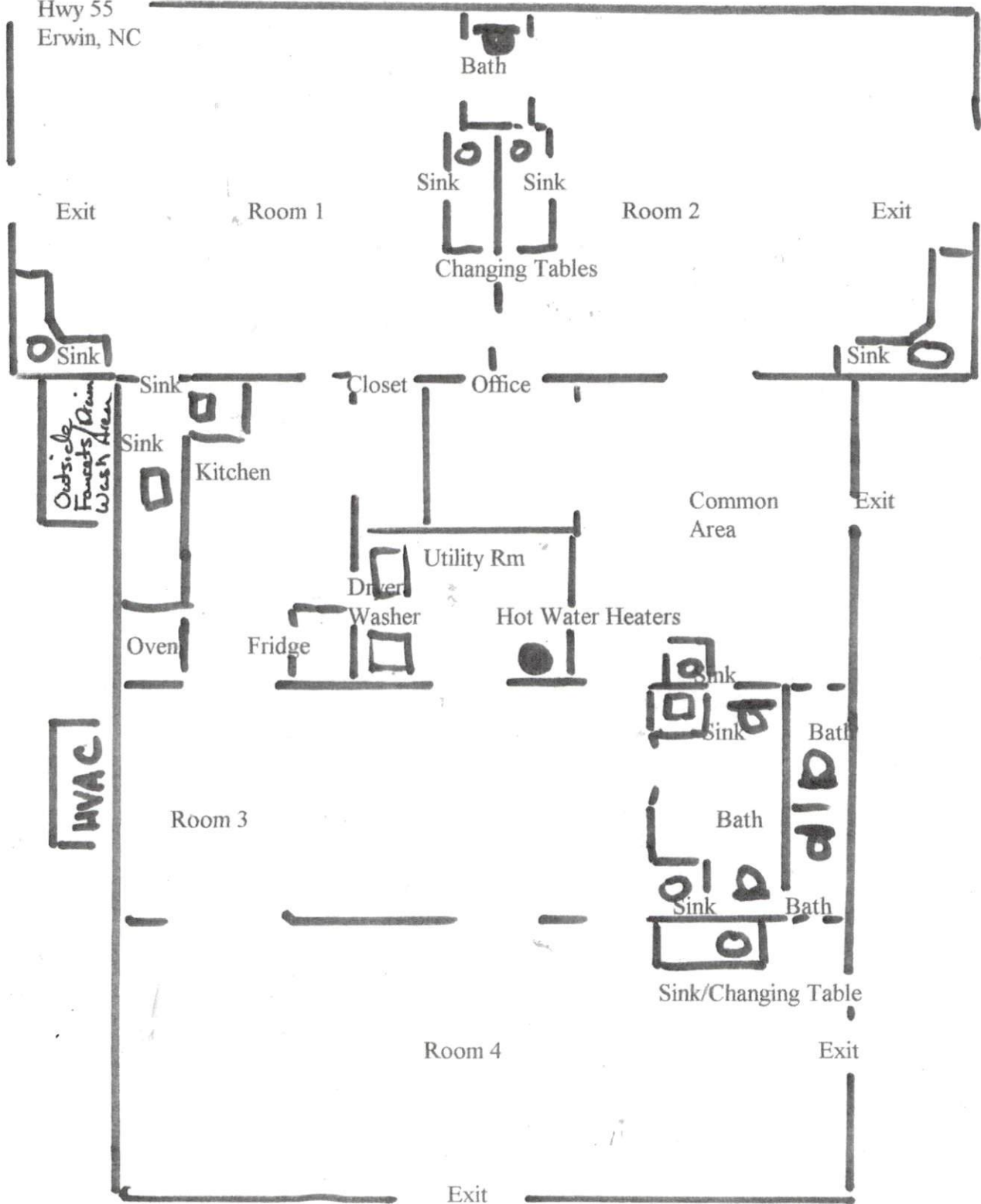
NOV 26 2018

Daycare Facility Floorplan

Fire System

Hwy 55

Erwin, NC





### ADULT DAY CARE & CHILD CARE FIRE INSPECTION REPORT

COUNTY Harnett DATE OF INSPECTION \_\_\_\_\_ Facility ID # \_\_\_\_\_

Please complete all items below. If not applicable, check N/A in the box with a written explanation attached.

Name of Facility Leap of Faith Academy II Adult 9 Child \_\_\_\_\_  
Address 4507 NC-55 Phone 919-672-8783  
City Erwin Zip 28339 Responsible Party \_\_\_\_\_

**GENERAL PRECAUTIONS:**

	YES	NO	N/A
1. Attic/basement/closets/garage/furnace room & heaters clear of trash & combustible materials.			
2. Clearance from ignition sources & combustible materials maintained.			

**EMERGENCY PLANNING:**

	YES	NO	N/A
3. Approved evacuation plan posted.			
4. Evidence of monthly fire drills posted.			
5. Record of employee training in fire prevention/evacuation & annual fire safety training on site.			

**FIRE SERVICE FEATURES:**

	YES	NO	N/A
6. Street Number posted. (Contrasting color to building & height 4" or more.)			
7. Unobstructed fire apparatus road. (Width of 20' & vertical clearance of not less than 13'6").			
8. Hydrants/Fire Department connections/control valves clear of obstructions by 3'.			

**BUILDING SERVICES AND SYSTEMS:**

	YES	NO	N/A
9. Approved heating system, listed. (No fuel burning or portable electric space heaters.)			
10. Emergency lighting/exit lights in good operating order.			
11. Electrical panels clear of storage. (Minimum 30")			
12. Wiring/fixtures in good condition. (Extension cords not suitable for permanent wiring.)			
13. Type I hood system over all domestic cooking appliances that produce grease laden vapors.			

**FIRE RESISTANCE RATED CONSTRUCTION:**

	YES	NO	N/A
14. Required fire resistant rating maintained. (Walls, partitions, floors)			
15. Door-hold open devices/automatic door closures operating properly.			

**INTERIOR DECORATIONS & FURNISHINGS:**

	YES	NO	N/A
16. No storage of clothing/personal effects in corridors & lobbies.			
17. Maximum 10% of decorative materials covering walls. Does not apply to artwork & teaching material in classroom. Nothing suspended from ceiling			
18. 20% maximum coverage for artwork & teaching material located on corridor walls.			
19. Exits free of obstructions.			

**FIRE PROTECTION:**

	YES	NO	N/A
20. Sprinkler system maintained with annual test reports provided.			
21. Smoke detector/fire alarm system maintained with annual test reports provided.			
22. Approved extinguishers mounted properly & in good working order.			
23. Cooking suppression systems & hood exhaust properly maintained.			
24. Protective guards(such as screens) on fuel burning furnaces or fireplaces provided.			

**MEANS OF EGRESS:**

	YES	NO	N/A
25. All exits & their access (i.e. Aisles & Corridors) free of obstructions.			
26. All locking devices on exit doors are of an approved type.			
27. Yards & fencing to allow unobstructed exit to exterior of site.			

Approved for day time care only

Approved for day time and night care

At the time of this inspection, the fire safety conditions in this facility were:  Satisfactory  Unsatisfactory

Inspector \_\_\_\_\_ Phone \_\_\_\_\_

### BUILDING INSPECTORS INSPECTION FORM FOR CHILD CARE CENTERS

NAME OF OPERATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

#### BUILDING INSPECTORS CERTIFICATE

1. The areas in the building that are designated as the licensed space are required by the licensing agency to meet the Building Code in effect when an application for licensure is submitted to the regulating agency. Does the building listed above, to the extent observable, meet the current North Carolina Building Code? Yes \_\_\_ No \_\_\_

2. If no, list question numbers which do not comply, explain the violation and whether equivalent protection for the safety of the children is provided:  
1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_

3. Are any of the above violations of a life safety concern? Yes \_\_\_ No \_\_\_  
If yes, please list question numbers \_\_\_\_\_

4. In your opinion based on the violations listed above, do you recommend that the Division of Child Development issue a provisional license to allow time for correction of the violations? Yes \_\_\_ No \_\_\_  
If yes, how long (30-60-90 days) and for which violations? \_\_\_\_\_

**(Note: All violations must be corrected before a license can be issued unless a provisional time period is recommended or equivalent protection is documented.)**

5. Number of rooms approved for occupancy by children? \_\_\_\_\_  
**(Attach sketch of building with rooms identified)**

6. Specify any local zoning restriction: \_\_\_\_\_

Signature of Inspector \_\_\_\_\_ /Date \_\_\_\_\_

Jurisdiction \_\_\_\_\_ /Phone: \_\_\_\_\_

The Inspectors Certificate and Building Inspection Form is required to be completed in its entirety before the Division of Child Development (DCD) can consider the document complete. All questions must be answered; any NO answers must have a written explanation.

This form was developed through the cooperation of the Division of Child Development and the Engineering Division of the Department of Insurance. Please note that the inspection forms do not cover all areas of the Code, but are intended to be used as a guide for the local inspector. If additional Code items which are not addressed on these forms are found to be in violation of the Code, please document them on the back of this form.

**Prepare in quadruplicate: Original & copy to DCD, 1 copy kept by inspector, 1 copy kept by operator.**

Identification # \_\_\_\_\_  
County \_\_\_\_\_  
Date of Inspection \_\_\_\_\_

### CHILD CARE BUILDING INSPECTION FORM

**SECTION A:** The following general questions should be answered for **BOTH** Educational and Institutional type occupancies.

#### LIGHT & VENTILATION

1. Is the total area of all windows in the child care room equal to or greater than 8% of the floor area or is artificial light provided? Yes\_\_\_ No\_\_\_
- 2.a Does the room have natural ventilation from a minimum amount of operable window or door area to the outside that would allow a clear opening that is equal to or greater than 4% or more of the floor area?  
(If **NO**, go to question 2b). Yes\_\_\_ No\_\_\_
- b Is space mechanically ventilated as required by North Carolina Mechanical Code?  
(N/A if an existing building) N/A\_\_\_ Yes\_\_\_ No\_\_\_

#### FIRE

3. Does this building have a manually operated fire alarm system (electrically installed system with pull box stations)? Yes\_\_\_ No\_\_\_

#### EXITS

4. Are there at least 2 exits (doors, stairs, smoke proof towers, ramps, or horizontal exits) remote from each other on each floor or fire section of the building? Yes\_\_\_ No\_\_\_
5. Is the exit capacity adequate? Yes\_\_\_ No\_\_\_
6. Are all means of egress adequately illuminated at all times that the building is occupied? Yes\_\_\_ No\_\_\_
7. Are the means of egress identified by readily visible exit signs when the exit or way to reach it is not immediately obvious to the occupants? Yes\_\_\_ No\_\_\_
8. Is emergency power provided for centers with more than 300 occupants or for centers providing night care as required by the Building Code? N/A\_\_\_ Yes\_\_\_ No\_\_\_

#### CORRIDORS AND ACCESS TO EXITS

9. Are all means of egress unobstructed without passing through a closet, storage area, kitchen, restroom, or other hazardous space? Yes\_\_\_ No\_\_\_
10. Are all exit corridors a minimum 1-hour fire resistance? (If yes, go to Question 12) (N/A applies only if there are no corridors) N/A\_\_\_ Yes\_\_\_ No\_\_\_
11. If corridors are not 1 hour fire rated, do all child care rooms, spaces, and areas have a direct level of discharge exit to the outside? Yes\_\_\_ No\_\_\_
12. a. Do all corridors, ramps, and passageways have a minimum 6 feet clear width in all areas serving as means of egress for capacity of 100 or more? (N/A if capacity is less than 100) N/A\_\_\_ Yes\_\_\_ No\_\_\_
- b. Are all corridors, ramps, and passageways not less than 44" clear width in all areas serving as means of egress for capacity of less than 100? (N/A if capacity is more than 100) N/A\_\_\_ Yes\_\_\_ No\_\_\_
13. Are all dead-end corridors no more than 20 feet in length? (N/A applies only if no dead-end occurs) N/A\_\_\_ Yes\_\_\_ No\_\_\_



14. Do all doors have a minimum clear opening width of 32" (min. door width of 36") in the following locations:
- a. between occupied rooms and required exits? Yes\_\_\_ No\_\_\_
  - b. exit doors leading to the exterior? Yes\_\_\_ No\_\_\_
15. Are all doors in the line of exit travel a swinging door (side hinged)? Yes\_\_\_ No\_\_\_
16. Do doors to rooms that accommodate more than 50 people swing in the direction of travel? N/A\_\_\_ Yes\_\_\_ No\_\_\_  
(N/A applies if room accommodates less than 50 people)
- 17.a Do all required egress and exit doors have single motion, self-unlocking type handle, lever, push pad, or panic hardware? Yes\_\_\_ No\_\_\_
- b. If room accomdates 100 or more people, do all required egress and exit doors have push pads or panic hardware? N/A\_\_\_ Yes\_\_\_ No\_\_\_

**STAIRS** (NOTE: If no stairs, interior or exterior, check N/A\_\_\_ and go to Question 22. If applicable, all questions must be answered)

- 18.a Are all stairs serving 50 or more occupants at least 44 inches in width? N/A\_\_\_ Yes\_\_\_ No\_\_\_
- b Are all stairs serving less than 50 occupants, at least 36" in width? N/A\_\_\_ Yes\_\_\_ No\_\_\_
19. Are all stairs with four or more steps provided with proper handrails and guardrails? Yes\_\_\_ No\_\_\_
20. Are all interior stairs enclosed with 1-hour rated walls and 1-hour rated "B" labeled doors that are at least 36" wide? Yes\_\_\_ No\_\_\_
21. Are the stair enclosure doors self-closing? Yes\_\_\_ No\_\_\_

**WALLS AND CEILINGS**

22. a. Are all wall and ceiling coverings throughout building non-combustible? (Use of untreated combustible fiber boards, wood, and other combustible fiber boards, wood and other combustible finishes is prohibited). Yes\_\_\_ No\_\_\_
- b. Do interior wall and ceiling finish materials meet the flame spread ratings as required by the Minimum Interior Finish Classification Table, NCBC Yes\_\_\_ No\_\_\_
23. Do ceilings in habitable rooms have a minimum of 7'-6" clear height? Yes\_\_\_ No\_\_\_

**HEATING SYSTEMS/MECHANICAL**

24. Is the building free of unvented fuel burning or portable electric space heaters? Yes\_\_\_ No\_\_\_
25. Have air conditioning, ventilation, heating, cooking, and other service equipment been inspected and approved by the appropriate inspectors? Yes\_\_\_ No\_\_\_  
Date Inspected \_\_\_\_\_
26. a. Is combustion and ventilation air for boiler or heater rooms taken directly from and discharged to the outside of the building? N/A\_\_\_ Yes\_\_\_ No\_\_\_  
(N/A if electric heat is installed)
- b. If inside air is used for fuel-burning appliance does it meet the requirements of Chapter 7 of the North Carolina Mechanical Code. N/A\_\_\_ Yes\_\_\_ No\_\_\_  
(N/A if inside air is not used)

**PLUMBING**

27. Does the number of waterclosets and lavatories comply with the Plumbing Code as determined by the appropriate inspector? Yes\_\_\_ No\_\_\_  
(1 watercloset per 15 children, 1 lavatory per 25 children)

**Maximum # of persons allowed by plumbing facilities?** \_\_\_\_\_  
Date Inspected \_\_\_\_\_

**ELECTRICAL**

28. Do the visible and accessible portions of the electrical system comply with applicable sections of the Electrical Code as determined by the appropriate inspector? Yes\_\_\_ No\_\_\_  
Date Inspected \_\_\_\_\_

**MIXED AND MULTI-USE OCCUPANCIES**

29. Are all child care areas separated from adjacent occupancies in accordance with the requirement of mixed occupancies and the Occupancy Separation Requirements Table? (N/A if no mixed occupancies) N/A\_\_\_ Yes\_\_\_ No\_\_\_
30. Do all multi-use areas comply with the most restrictive applicable sections of the State Building Code for each intended use? N/A\_\_\_ Yes\_\_\_ No\_\_\_  
(N/A if no multi-use areas)  
(Multi-use is defined as an area which will be used for different functions at different times and not concurrent. Example: child care to fellowship hall.)

**ACCESSIBILITY CODES**

31. Does this building comply with applicable State Building Codes for access/use by persons with disabilities? Yes\_\_\_ No\_\_\_

**SECTION B:** The following questions should be answered only for **educational occupancy** in addition to the questions answered in Section A above.

32. Does the building comply with the Allowable Heights and Building Areas Table for Educational Occupancy? (If **NO**, go to Section C). Yes\_\_\_ No\_\_\_
33. a. Are all rooms, approved for use by children below grade 2, on the level of exit discharge? (If **NO** go to Section C) Yes\_\_\_ No\_\_\_  
b. Are rooms used by children in grades 2 and higher no more than one story above the level of exit discharge? Yes\_\_\_ No\_\_\_
34. a. Do rooms used by children who are less than 2 ½ years have a direct exit to the outside? (N/A applies only if center does not serve children under 2 ½ yrs) N/A\_\_\_ Yes\_\_\_ No\_\_\_  
b. Do rooms used by children under 2 ½ years qualify as alcoves to adjacent spaces with direct exit to the outside? Yes\_\_\_ No\_\_\_  
c. If the square footage of the child care area is >20,000 square feet, do all rooms for all children have direct exits? (N/A if sq. footage is < 20,000) N/A\_\_\_ Yes\_\_\_ No\_\_\_  
(If **NO** to both a and b or c, go to Section C)
35. Are all rooms approved for use by children provided with an operable window which complies with Special Exit Requirements for Educational Occupancy? N/A\_\_\_ Yes\_\_\_ No\_\_\_  
(N/A if direct exit to outside)
36. Is the most remote point in every room occupied by children, including dining room, not more than 200 feet from the nearest exterior exit? (non-sprinklered building) Yes\_\_\_ No\_\_\_
37. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72 for child care use? Yes\_\_\_ No\_\_\_

**SECTION C:** The following questions should be answered only for **institutional occupancy** in addition to the questions answered in Section A above.

38. Does the building comply with the Allowable Heights and Building Areas Table for Institutional Occupancy? Yes\_\_\_ No\_\_\_



**SECTION C cont.:**

39. Are smoke detectors provided in the corridors in accordance with Automatic Fire Detection and NFPA72? Yes\_\_\_ No\_\_\_
40. Does the building provide protection from hazardous areas as required by Special Institutional Occupancies, Group I Unrestrained Occupancies, Protection from Hazardous Areas? Yes\_\_\_ No\_\_\_
41. Does the building have an approved automatic sprinkler system in accordance with Special Institutional Occupancies Group I Unrestrained Occupancies? Yes\_\_\_ No\_\_\_
42. Is the most remote point in every room occupied by children, including the dining room, not more than 200 feet from the nearest exterior exit? Yes\_\_\_ No\_\_\_