



# TOWN OF LILLINGTON 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 Harnett County Phone 919 893 7575  
 Home Street Address 700 McKinney Parkway City Lillington State NC Zip 27546  
 Lot Number \_\_\_\_\_ Subdivision \_\_\_\_\_ Phase \_\_\_\_\_

**Site Location Information (if different from Owner's Home Address):**  
 Address 455 W. Cornelius Harnett Blvd City Lillington State NC Zip 27546  
 Lot Number \_\_\_\_\_ Subdivision \_\_\_\_\_ Phase \_\_\_\_\_

**General Contractor:**

Name – Please Print Balfour Beatty Construction  
 \*N.C. State License # 22725 Expiration of Workers Compensation Insurance 10/1/19  
 Phone 919 233 5001 Fax 919 233 5002 Email chumphrey@balfourbeattyus.com  
 Street Address 406 S. McDowell St. ste 200 City Raleigh State NC Zip 27601  
 General Contractor's Signature \_\_\_\_\_ Contact Person Chad Humphrey

**Electrical Company:**

Company Name – Please Print \_\_\_\_\_  
 \*N.C. State License # \_\_\_\_\_ Authorized Contractor's Name (print legibly) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Authorized Contractor's Signature \_\_\_\_\_

**Mechanical Company:**

Company Name – Please Print \_\_\_\_\_  
 \*N.C. State License # \_\_\_\_\_ Authorized Contractor's Name (print legibly) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Authorized Contractor's Signature \_\_\_\_\_

**Plumbing Company:**

Company Name – Please Print \_\_\_\_\_  
 \*N.C. State License # \_\_\_\_\_ Authorized Contractor's Name (print legibly) \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Authorized Contractor's Signature \_\_\_\_\_

\*State license number must match name of company.

**Cost of work being performed:**

Electrical: \$ 210,000  
Mechanical: \$ 310,000  
Plumbing: \$ 40,000  
Building: \$ 1,210,000  
**TOTAL:** 1,770,000

**CHARACTERISTICS OF BUILDING (Please check all that apply):**

New Building       Alteration       Addition       Fit Up  
 Repair       Monument Sign       Retaining Wall       Sales Trailer  
 Construction Trailer       Multi-Family       Hotel/Motel       Temporary  
 Other : \_\_\_\_\_

**TYPE OF SEWER:**

Public  
 Private

**TYPE OF FRAME:**

Wood       Masonry       Concrete  
 Structural Steel

**TYPE OF FOUNDATION:**

Crawl Space  
 Basement  
 Slab

**NUMBER OF FLOORS PER BUILDING:** 2

**TOTAL SQ. FT. OF EACH FLOOR:** 27,508,26,508

**TYPE OF USE:**

MANUFACTURING       STORAGE       OFFICE  
 FLOOR SPACE       WAREHOUSE       RESTAURANT  
 PUBLIC USE       SCHOOL       RECREATIONAL

\_\_\_\_\_ # EMPLOYEES OVER 8 HOURS SHIFT TO WORK

\_\_\_\_\_ # EMPLOYEES PER SHIFT

\_\_\_\_\_ # OCCASIONAL EMPLOYEES


\_\_\_\_\_ # RESTAURANT SEATS

Please Contact Eric Schoenagel 919 630 3254 when permit is ready.

(Name)

(Phone number)

Applicant Name – Print – Eric Schoenagel

Applicant Signature  Date 8/2/19

Inspection Signature \_\_\_\_\_ Date \_\_\_\_\_