BP-22-73

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 Hatcher Creek LLC | Dhana 919 | 400 7CK5 | |
|---|--|------------|------------------|
| Home Street Address 126 Brandon Dr | City Lillrotan | State | NC Zip 2756 |
| Lot Number Subdivision | | otate | TVC ZIP 275B |
| | T naoo | | |
| Site Location Information (if different from Owner's Home Address_1585 & Cornelius Hameth Blud Lot NumberSubdivision | | State _lVC | Zip <u>27546</u> |
| General Contractor: Name – Please Print Hun Surles Builders LLC *N.C. State License # 62559 Expiration of Worke | rs Compensation Insurance 3/ | 23 | |
| Phone 914 422 7065 Fax Fax Estreet Address 126 Branco Dr | mail hupsurles Grilders | @gmail.com | n |
| Street Address 126 Branch Dr | City College | State _N & | _ Zip 27546 |
| General Contractor's Signature | Contact Person | | 100 |
| Electrical Company: Company Name – Please Print MaGry's Electric *N.C. State License # Authorized Contractor's Phone Fax Street Address 731 magry RU Authorized Contractor's Signature | Name (print legibly) Email City _Als '4/ | | |
| Mechanical Company: Company Name – Please Print American Mechanical *N.C. State License # Authorized (| Contractor's Name (print legibly) | mike Free | ML |
| Phone Fax | _ Email | | - ~- |
| Street Address 238 Robert Hinshaw Dr Authorized Contractor's Signature | City Mindleman | State NC_ | Zip 273/7 |
| | | | |
| Plumbing Company: Company Name - Please Print MAC VANN Plum 6, 24 | | | |
| *N.C. State License # Authorized (| Contractor's Name (print legibly) | Van Hin | shaw |
| PhoneFax | _ Email | | |
| | City Figury - VArim | State NC_ | Zip 27526 |
| Authorized Contractor's Signature | 170 | | |

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

| | Cost of work being performed: | | | |
|--|---|---|--|--|
| | Electrical: \$_5,000 | | | |
| | Mechanical: \$_3000 | | | |
| | Plumbing: \$ | | | |
| | Building: \$ 2000 | | | |
| | TOTAL: \$38,000 | | | |
| | CHARACTERISTICS OF BUILDING (Please check all that application) New Building Alteration Repair Monument Sign Construction Trailer Multi-Family Other: TYPE OF SEWER: Public Private TYPE OF FOUNDATION: | Addition Fit Up Sales Trailer Hotel/Motel Temporary Concrete Structural Steel NUMBER OF FLOORS PER BUILDING: | | |
| | | NUMBER OF FLOORS PER BUILDING: | | |
| | Crawl Space Basement | TOTAL SQ. FT. OF EACH FLOOR: 450 SF | | |
| | Slab | | | |
| | TYPE OF USE: MANUFACTURINGSTORAGE FLOOR SPACEWAREHOUSE PUBLIC USESCHOOL # EMPLOYEES OVER 8 HOURS SHIFT TO WORK # EMPLOYEES PER SHIFT # OCCASIONAL EMPLOYEES # RESTAURANT SEATS | OFFICERESTAURANTRECREATIONAL | | |
| Please Contact Hugh Surlay (Name) | | when permit is ready. (Phone number) | | |
| Applicant Name - Print - Applicant Signature | | × /V/M | | |
| | | Date 5/16/22 | | |
| | Inspection Signature | Date | | |