



Review For Fire Code Compliance			
Harnett	Leslie Jackson 03/23/2023 12:57:07 PM		
)(' COUNTY NORTH CAROLINA	03/23/2023 12:57:07 PM		

Fire Marshal Division P.O. Box 370 Lillington, NC 27546 910-893-7580

Application for Plan Review

Apj	plication #			
Date Received: Received By:				
Name of Project: Angle	er Spring Fling			
Physical Address of Project: 149 E. Williams		s Street		
	Angier	_{NC} 27501		
Plans Submitted By: Casey Todd				
Project Phone:	919 <u>331</u> 6713	3		
Contact Person/Address: 5	55 N. Broad St. W			
A	Angier, NC 2750	1		
Contact Phone:	919 <u>331</u> 6713	919_274_0628		
Contractor's Name/Info:	ump Right Inn			
_				

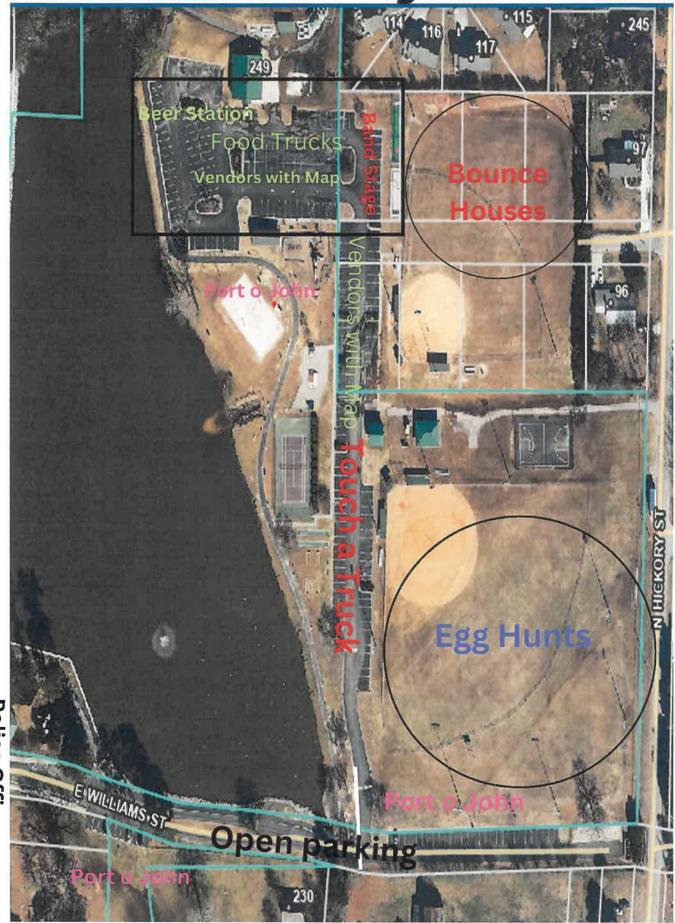
Contractor's Phone:

(919)_480_2262

- 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 <u>http://hteweb.harnett.org/Click2GovBP/Index.jsp</u> or by calling the Harnett County Central Permitting Office (910-893-4759), 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.

		<				Harnet	t Co	untv	
	/ 8	~	- L	Harnett County Emergency Services					
	Mass Gathering / Special Eve								
$\langle \rangle$	EM				99 Ud			-	I Event
2		Application							
<u> </u>			Spring Fling						
			ation: Town o						
		1	ay, March 2	oth 20	023		4.0.00		
	Time(s): Location/A		12:00 PM				d:3:00		
5.			^{s:} 149 E. W	/illiar	ns Stre	et Angle	r, NC	27501	
6.	Type of E		✓ Public Gath	ering	Reli	gious		Parade	
	Applicat		Walk or Ru	n	Priva	ate Gathering		Other	(explain in # 8)
7.	7. Estimated Attendance:		Participants: 75 Spectators: ₅₀₀	ants: 75 prs: 5000		Children: ₂₅₀₀ Staff Workers: ₁₀		Total #: 6000	
9.	Special Request: (ex. Training Equipment, CPR Demonstration, Ambulance Demo, First Aid Station. Tent, Chair(s), & Table(s) for EMS) **Note the special request section is items that will be needed or requested for the stand-by / public education crew. **			is) for EMS)					
<u> </u>	Choo	k hov fe	an attack ad site ma		ling the store	in a soonalalu au			
10.	L route) hegi	or attached site ma nning & ending po	ints and	labeled kev	-	eas, stree	ets traveled (e	
	Primary Contact Person Name: Casey Todd								
			919-274-062			Mobile Phone: 919-274-0628			
11.	- Evening Phone:				Fax:				
	Mailing Address: 55 N. Broad Street Angier, NC 27501								
	Email: ctodd@angier.org								
12.	By signing my name below, I certify that I have read the Harnett County EMS System Mass Gathering Policy. Any questions concerning these policies have been discussed. My signature also certifies my understanding of and agreement with the Mass Gathering Policy. A photocopy of this document is as valid as the original. You may receive a copy of this document upon request.								
	Signature:	Ca	sey To	dd				ed by Case 3.22 16:43:	

Jack Marley Park



Police Officer



Sec. 1

Search Items



9

Thank you for your order.

We will call you the evening before your event with a delivery time which may be up to several hours early on our busy days. If you've provided your email address, you will receive an automatic receipt. Please review it for accuracy and read the reminders and tips section as soon as possible so that we may correct any incorrect information to eliminate causing issues on event day.

	Castle Bounce House Dry				
	Sat, Mar 25 12:00 - 3:00 pm				
	\$330.00 x 1	= \$330.00			
	Generator				
	Sat, Mar 25 12:00 - 3:00 pm				
	\$70.00 x 2	= \$140.00			
	18' Dual Lane Tropical Dry Slide				
	Sat, Mar 25 12:00 - 3:00 pm				
	\$425.00 x 1	= \$425.00			
SubTotal		\$895.00			
Damage Waiver - Yes	\$62.65	\$957.65			
Miscellaneous Fees: 250 attendant	\$250.00	\$1,207.65			
Tax: 7.25%	\$87.55	\$1,295.20			
Total		\$1,295.20			
- 01/11/2023 08:12am Credit Card (Visa	a, MC, Disc, Amex) Payment (5843)	\$1,295.20			
Due		\$0.00			



Order By Date (https://jribh.ourers.com/order-by-date/?show_instructions=1)

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Robert K. Smith Mayor Gerry Vincent Town Manager Veronica Hardaway Town Clerk

Temporary Use Permit Application

Types of Events (Check <u>ALL</u> that Apply) O Special Event Permit O Town recognized event O Over 100 People in attendance O Live Band or Amplified Sound O Protest/ Rally	 Requires closure of Town Street Sale of agricultural products grown off-site Involves Town Property Requires Security
Spring Fling Name of Event	Location of Event (Exact Street Address)
Applicant Name Cosey Todd	E-mail Address Ctodd angle. Org
Address 58 N. Broad Street	Zip Code 27501
Phone Number 919 33 1- 10713	Event Date <u>Saturday</u> March 25, 2023 Event End Time <u>3:00 pm</u>
Event Start Time 12:00 noon	Event End Time 3:00 pm
Event Set Up Time 10:00 Am	Event Clean-up Time 4:00 p m
Sound Amplification Hours 3 hrs	Will Food or Goods be Sold? Yes Alcohol as well
Number of Food Trucks, if applicable (Ma Agriculture Approval, and/or ABC Permit, if app	y Require a NC Sales & Use Certificate, NC Department of licable)

Will Any Town Property be Used? Jack Marky Park

If Any Town Street Require Closure, please list all street names.

Applicant s Name (Print)

dd Signature

28/22

FOR STAFF USE ONLY

Board of Commissioners Approval, if necessary (Date Approved)
1 MENI
Planning Director Approval Signature
Planning Director Approval Signature Manufacture Date:

Post Office Box 278 • Angier, North Carolina 27501-0278 • (919) 639-2071



Robert K. Smith Mayor

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Gerry Vincent Town Manager Veronica Hardaway Town Clerk

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Spring Fling Name of Event	Location of Event (Exact Street Address)				
Applicant Name Casey Todd	E-mail Address Ctodde angle. Org				
Address 58 N. Broad Street	Zip Code 27501				
Phone Number 919 331- 10713	Event Date Saturday March 25, 2023				
Event Start Time 12:00 noon	Event End Time 3:00 pm				
Event Set Up Time 10:00 Am	Event Clean-up Time 4:00 p m				
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Will Any Town Property be Used? Jack Marky Park					
If Any Town Street Require Closure, please list all street names.					
Casey Todd Applicant's Name (Print) Signature	$\frac{12/28/22}{Date}$				
FOR STAFF USE ONLY					
Board of Commissioners Approval, if necessary (Dat Planning Director Approval Signature	Approved) Debugger - highe Date: 1/3/23				

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