



*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # BCOM 1809-0003

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Harnett Health System Inc Date: 10-03-18

Site Address: 215 Brightwater Drive, Lillington NC 27546 Phone: 910-615-4784

Description of Proposed Work: Interior Renovation Pharmacy Department

General Contractor Information: Building Cost \$ 146,933

DA Everett Construction Group, LLC

919-328-0056

Building Contractor's Company Name

Telephone

4131 Parklake Ave, Suite 350, Raleigh NC 27612

donovan@daeverettgroup.com

Address

Email Address

Donovan Everett

72871

Signature of Owner/Contractor/Officer(s) of Corporation

License #

Electrical Contractor Information: Electrical Cost \$ 38,539

Description of Work new receptacles / lights Service Size: _____ Amps #T-Poles _____

WB Moore Company of Charlotte, Inc

919-882-0550

Electrical Contractor's Company Name

Telephone

5112 Departure Dr, Raleigh NC 27616

gjohnston@wbmoore.com

Address

Email Address

Billy Graves

U.18767.01

Signature of Owner/Contractor/Officer(s) of Corporation

License #

Mechanical Contractor Information: Mechanical Cost \$ 170,885

Description of Work new duct, exhaust fans, vavs, controls # Units 7

Newcomb and Company

919-862-3000

Mechanical Contractor's Company Name

Telephone

3000 Comfort Court, Raleigh NC 27604

jpattishall@newcombcompany.com

Address

Email Address

Robert Newcomb

785 H1, H2, H3

Signature of Owner/Contractor/Officer(s) of Corporation

License #

Plumbing Contractor Information: Plumbing Cost \$ 16,562

Description of Work demolish med gas / new hand sink # Baths 0

Triangle Mechanical Contractor, Inc

919-779-1210

Plumbing Contractor's Company Name

Telephone

100 US Highway 70 West, Garner NC 27529

mike@trianglemech.com

Address

Email Address

Mike Truelove

NC 4169 Class I

Signature of Owner/Contractor/Officer(s) of Corporation

License #

Insulation Contractor Information

N/A

Insulation Contractor's Company Name & Address

Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**



Sprinkler Contractor Information

Blackstone Fire Control
Sprinkler Contractor's Company Name
2916 Manufacturers Rd, Greensboro NC 27406
Address
David Yates
Signature of Officer(s) of Corporation

336-791-0593
Telephone
dyates@blackstonefsi.com
Email Address
30490
License #

Fire Alarm Contractor Information

Johnson Controls
Fire Alarm Contractor's Company Name
540 Civic Blvd, Suite 105, Raleigh NC 27610
Address
Gordon Gibb
Signature of Officer(s) of Corporation

919-467-3666
Telephone
gordon.gibb@jci.com
Email Address
NC 27575-U
License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is charged at full price per current fee schedule.

David Yates

10-03-18

Signature of Owner/Contractor/Officer(s) of Corporation

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: *David Yates*

Date: 10-03-18