

\*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.

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: SAM SUSLIK Date: 10/5/18

Site Address: 86 AMARILLO LANE SANFORD NC 27332 Phone: \_\_\_\_\_

Directions to job site from Lillington: Head S on S. Mount toward E. Front St.  
@ on W OLD H, @ on NC-27W, @ on BUFFALO LAKE RD @ on  
Amarillo LN.

Subdivision: BUFFALO LAKE BUSINESS PARK Lot: \_\_\_\_\_

Description of Proposed Work: INTERIOR UP-FIT OF EXISTING TENANT SPACE

Heated SF 1246 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 73,000-

T.B.D. CAPITAL Empire Construction Group 985-630-8896  
Building Contractor's Company Name Telephone

135 PARKWAY OFFICE CT. SUITE 201 27519 MARK@CELL7-LLC.COM  
Address Email Address

by: Mark Clayton 76493.4  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 18,900-

Description of Work SAME AS ABOVE = UPFIT Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

CAPITAL EMPIRE CONSTRUCTION GROUP ELECTRICAL 919.667.7475  
Electrical Contractor's Company Name Telephone

Address Email Address

by: Mark Clayton U. 32483  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information:** Mechanical Cost \$ 21,300-

Description of Work SAME AS ABOVE = UPFIT # Units \_\_\_\_\_

SKINWARE BUILDERS & SERVICES, Inc. 980-251-8555  
Mechanical Contractor's Company Name Telephone

9611 BROOKDALE DR Ste 100-271 hvac-contracting@yahoo.com  
Address Email Address

Lance Brooks L. 26496  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information:** Plumbing Cost \$ 14,700-

Description of Work SAME AS ABOVE = UPFIT # Baths \_\_\_\_\_

PLUMBBOB, LLC 919-264-5926  
Plumbing Contractor's Company Name Telephone

204 E. MASON ST FRAWLINGTON, NC 27525 plumbobllc@gmail.com  
Address Email Address

Robert L. 27301  
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**

N/A  
Sprinkler Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Fire Alarm Contractor Information**

N/A  
Fire Alarm Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_ 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.

by: Mark Chute MEMBER \_\_\_\_\_ Date: 12-4-18  
Signature of Owner/Contractor/Officer(s) of Corporation

**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.

Company or Name: CAPITAL EMPIRE CONSTRUCTION GROUP LLC

Sign w/Title: by: Mark Chute MEMBER \_\_\_\_\_ Date: 12-4-18