



\*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 # BLOM1811-0009

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7825 Fax 910-883-2793 www.harnett.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Par 5 Development Group, LLC Date: 11/12/18  
Site Address: US 401 N Parcel ID# 0654-51-3127 Phone: 910-944-0881

Description of Proposed Work: Proposed New Construction of a Dollar General

**General Contractor Information: Building Cost \$ 385,000**

Rhetson Companies, Inc 910-944-0881

Building Contractor's Company Name 910-944-0881

2075 Juniper Lake Rd Telephone 910-944-0881

Address 910-944-0881

Rachel Crosby Email Address Rachel@rhetsoncompanies.com

Signature of Owner/Contractor/Officer(s) of Corporation 55928

**Electrical Contractor Information: Electrical Cost \$ \_\_\_\_\_** License # \_\_\_\_\_

Description of Work TBD Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

We are still choosing subcontractors. The P,M,&E will apply separately

Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Mechanical Contractor Information: Mechanical Cost \$ \_\_\_\_\_**

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

TBD

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Plumbing Contractor Information: Plumbing Cost \$ \_\_\_\_\_**

Description of Work 2 sinks, 2 commodes, 2 W-hates, 1 mop sink, 1-water cooler # Baths \_\_\_\_\_

Matt's Plumbing 910-730-4197

Plumbing Contractor's Company Name 910-730-4197

Address 1800 Sandcrest Dr. Telephone \_\_\_\_\_

Rockingham N.C. 28379 Email Address \_\_\_\_\_

Matt Harper 28792

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Insulation Contractor Information**

Bay Insulation 540-986-2572

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

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**Sprinkler Contractor Information**

TBD

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.

*Rachel Crosby*

11/12/18

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: *Rachel Crosby* Construction Expediter

Date: 11/12/18

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