

414 Judge Taylor Rd.

X5



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 # BCCM1812-0006

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: CAMPBELL UNIVERSITY Date: 11/29/18

Site Address: 116 STATE RD. 1525, LILLINGTON, NC 27546 Phone: 910-893-1613

Description of Proposed Work: INTERIOR RENOVATION TO A EXISTING AUDITORIUM

General Contractor Information: Building Cost \$ 670,301.00

T.A. LOVING COMPANY
Building Contractor's Company Name

919-734-8400
Telephone

400 PATERTOWN RD, GOLDSBORO, NC 27530
Address

NMCDONALD@TALOVING.COM
Email Address

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

325
License #

Electrical Contractor Information: Electrical Cost \$ 294,397.00

Description of Work DEMO + ADDITIONAL ELECTRIC Service Size: 200 Amps #T-Poles 0

WATSON ELECTRIC
Electrical Contractor's Company Name

910-485-4193
Telephone

369 WILKES RD, FAYETTEVILLE, NC 28306
Address

TCOSTELLO@WATSONELEC.COM
Email Address

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

2130
License #

Mechanical Contractor Information: Mechanical Cost \$ 100,391.00

Description of Work DEMO + NEW HVAC # Units 2 - ACU SPLIT SYSTEM UNITS

SOUTHERN PIPING
Mechanical Contractor's Company Name

252-291-1561
Telephone

1908 BALDREE RD, WILSON, NC 27895
Address

STEVEN.WOOD@SPCMCHANICAL.COM
Email Address

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

2108
License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

~~XXXXXXXXXXXXXXXXXXXX~~ 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.

[Signature] _____ Date 11/29/18

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: [Signature] PROJECT MANAGER Date: 11/29/18