

\*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 #

BCOM1903-0001  
ECOM1904-0011  
MCOM1904-0006  
PCOM1904-0003

**Application for Building and Trades Permit**

Owner's Name: Campbell University Date: 4-25-19  
Site Address: 108 Burt St. Buies Creek, NC 27506 Phone: 919-805-0664  
Description of Proposed Work: New engineering building

**General Contractor Information:** Building Cost \$ 200,000.00

SEC, LLC 919-805-0664  
Building Contractor's Company Name Telephone  
PO Box 157 Buies Creek, NC 27506 bretts@si-nc.com  
Address Email Address  
[Signature] 62649  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 70,000.00

Description of Work Young's Electric Service Size: 600 Amps #T-Poles             
Young's Electric 919-639-2297  
Electrical Contractor's Company Name Telephone  
PO Box 398 Angier, NC 27501 lemvel@youngselectric.com  
Address Email Address  
lemuel young 4504-U  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information:** Mechanical Cost \$ 70,000.00

Description of Work Young's Electric # Units 5  
PO Box 398 Angier, NC 27501 919-639-2297  
Mechanical Contractor's Company Name Telephone  
PO Box 398 Angier, NC 27501 lemuel@youngselectric.com  
Address Email Address  
lemuel young 4469  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information:** Plumbing Cost \$ 30,000.00

Description of Work Young's Electric # Baths 2  
Young's Electric 919-639-2297  
Plumbing Contractor's Company Name Telephone  
PO Box 398 Angier, NC 27501 lemuel@youngselectric.com  
Address Email Address  
lemuel young 4469  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address Telephone

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

**Sprinkler Contractor Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
License #

**Fire Alarm Contractor Information**

Young's Electric  
Fire Alarm Contractor's Company Name

919-639-2297  
Telephone

PO Box 398 Angier, NC 27501  
Address

leavel@youngselectric.com  
Email Address

Leavel Young  
Signature of Officer(s) of Corporation

4504-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.

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

4-25-19  
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: [Signature] VP

Date: 4-25-19

**DO NOT REMOVE!**

**Details: Appointment of Lien Agent**

Entry #: 1033579

Filed on: 04/25/2019

Initially filed by: Bstrick89

**Designated Lien Agent**

Premier Land Title Insurance Company

**Online:** [www.liensnc.com](http://www.liensnc.com) or go to [www.liensnc.com](http://www.liensnc.com)

**Address:** 19 W. Hargett St., Suite 507 /  
Raleigh, NC 27601

**Phone:** 888-690-7384

**Fax:** 913-489-5231

**Email:** [support@liensnc.com](mailto:support@liensnc.com) or <mailto:support@liensnc.com>

**Project Property**

Burt St.  
Buires Creek, NC 27506  
Harnett County

**Property Type**

Other

**Print & Post**



**Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

**Owner Information**

Campbell University  
143 Main Street  
Buires Creek, NC 27506  
United States  
Email: [johnsonr@campbell.edu](mailto:johnsonr@campbell.edu)  
Phone: 910-893-1610

**Date of First Furnishing**

04/25/2019

View Comments (0)

**Technical Support Hotline:** (888) 690-7384