

*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 # _____
 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: GAP PROPERTIES LLC Date: 4.2.19
 Site Address: JARCO DR. ~~LT. 10~~, FUQUAY-VARINA, NC 27562 Phone: 919-567-1807
 Description of Proposed Work: NEW 6,825 SF TYPE 2B PEMB WITH OFFICE, STORAGE & REPAIR

General Contractor Information: Building Cost \$ 1,063,212⁰⁰

RUFFY-FEEDIN DESIGN-BUILDERS, LLC Telephone 919-880-0493
 Building Contractor's Company Name
5121 KINGDOM WAY, SUITE 208 RALEIGH Email Address Steven@Ruffy-Feedin.com
 Address 27607
 Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 70754

Electrical Contractor Information: Electrical Cost \$ 70,990⁰⁰

Description of Work _____ Service Size: 400 Amps #T-Poles -
YOUNG'S ELECTRIC Telephone 919-689-2297
 Electrical Contractor's Company Name
10990 NC 210 NORTH ANGLIER 27901 Email Address lemvel@youngselectric.com
 Address
 Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # _____

Mechanical Contractor Information: Mechanical Cost \$ 25,058⁰⁰

Description of Work _____ # Units 1
YOUNG'S ELECTRIC Telephone _____
 Mechanical Contractor's Company Name
 Address _____ Email Address _____
 Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # _____

Plumbing Contractor Information: Plumbing Cost \$ 50,600⁰⁰

Description of Work _____ # Baths 2
YOUNG'S ELECTRIC Telephone _____
 Plumbing Contractor's Company Name
 Address _____ Email Address _____
 Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # _____

Insulation Contractor Information

TRIDENT DISTRIBUTION - EAST INSULATION Telephone 919-821-5010
 Insulation Contractor's Company Name & Address

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

(OVER)

Sprinkler Contractor Information

NA
Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

NA
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 STEVEN R. FREEDMAN, PRES
Signature of Owner/Contractor/Officer(s) of Corporation

4.3.19
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 STEVEN R. FREEDMAN, PRES Date: 4.3.19