



\*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 27548  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Boddie Noell Enterprises Date: 5-20-20

Site Address: Hwy 87 & Buffalo Lake Rd Cameron, NC 28326 Phone: 910-690-3701

Description of Proposed Work: New Construction-Hardee's Restaurant

**General Contractor Information: Building Cost \$ 877,550.00**

R & L Builders & Sons, LLC  
Building Contractor's Company Name  
5189 Banhill Farm Rd Battleground, NC 27809  
Address: \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation: *Ricky C. Banhill*  
Telephone: 252-443-1654  
Email Address: ricky@r-lbuilders.com  
License #: \_\_\_\_\_

**Electrical Contractor Information: Electrical Cost \$ 10,000**  
Description of Work: new electric install Service Size: 800 Amps #T-Poles: 1  
Willie Electric Company  
Electrical Contractor's Company Name  
PO Box 67 Bayboro, NC 28515  
Address: \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation: *Willie Miller*  
Telephone: 252-745-3501  
Email Address: wec1@embarqmail.com  
License #: \_\_\_\_\_

**Mechanical Contractor Information: Mechanical Cost \$ 50,000**  
Description of Work: 3HP's, 3hoods, 1bath fan # Units: 3  
Shearin Heating & Cooling 1 make up air unit  
Mechanical Contractor's Company Name  
1242 Construction Drive Rocky Mount, NC 27804  
Address: \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation: *Steven A. Shea*  
Telephone: 252-937-4704  
Email Address: shearinhvac@aol.com  
License #: \_\_\_\_\_

**Plumbing Contractor Information: Plumbing Cost \$ 50,000**  
Description of Work: new plumbing # Baths: 2 restrooms  
Jeromy C. Wood Plumbing Co  
Plumbing Contractor's Company Name  
8793 Seven Paths Rd Spring Hope, NC 27882  
Address: \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation: *Jeromy C. Wood*  
Telephone: 252-904-2108  
Email Address: jeromywood1980@gmail.com  
License #: \_\_\_\_\_

**Insulation Contractor Information**  
Weaver Insulation PO Box 602 Sharpsburg, NC 27878  
Insulation Contractor's Company Name & Address  
Telephone: 252-443-7621

**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.

*Ricky C. Bantill*  
Signature of Owner/Contractor/Officer(s) of Corporation

5-20-2020  
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: *Ricky C. Bantill*

Date: 5-20-20