

*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: Dawn Doan/Pat Doan - Landowner ESA Buies Creek, LLC - Tenant Date: 03/24/2020

Site Address: 1887 Leslie Campbell Ave, Lillington, NC 27546 Phone: 910-890-5977

Directions to job site from Lillington: North on S Main St to N Main St. Right on US 421 towards Campbell University. Left on Leslie Campbell Ave. Project is located on the left immediately prior to the intersection of Leslie Campbell Ave and Old Stage Rd N.

Subdivision: Tax Parcel PIN: 0680-46-8502.000 Lot: _____

Description of Proposed Work: New fixed tilt, ground mounted, 5 MWac solar photovoltaic generation facility

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 807,248

Pure Power Contractors Inc

704-756-9276

Building Contractor's Company Name

Telephone

2812 Gray Fox Rd, Monroe, NC 28110

matthew.dickey@purepowercontractors.com

Address

Email Address

73456

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

License #

Electrical Contractor Information: Electrical Cost \$ 562,000

Description of Work Electrical Installation Service Size: _____ Amps #T-Poles _____

Pure Power Contractors Inc

704-756-9276

Electrical Contractor's Company Name

Telephone

2812 Gray Fox Rd, Monroe, NC 28110

matthew.dickey@purepowercontractors.com

Address

Email Address

U.27702

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

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Address

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

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.



03/26/2020

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.

Company or Name: Pure Power Contractors Inc

Sign w/Title: 

Director of Project Management

Date: 03/26/2020