

*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: STORM RUTCHO Date: 8/6/2020
 Site Address: 2800 NC-24 #87, CAMERON, NC 28326 Phone: 919-356-6598
 Description of Proposed Work: Domino's restaurant upfit

General Contractor Information: Building Cost \$ 150,000

Westroc Construction, LLC 2528850768
 Building Contractor's Company Name 2528850768 Telephone westroc@icloud.com
 PO Box 8513, Rocky Mount, NC 27804 Telephone westroc@icloud.com
 Address _____ Email Address _____
 _____ Email Address 68478
 Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information: Electrical Cost \$ 25,000

Description of Work _____ Service Size: _____ Amps #T-Poles _____
 Electrical Solutions of NC, Inc 9102370246
 Electrical Contractor's Company Name _____ Telephone electricalsolutionsnc@gmail.com
 902 Friendly Road, Dunn, NC 28334 Telephone electricalsolutionsnc@gmail.com
 Address _____ Email Address _____
 _____ Email Address 22659-L
 Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Mechanical Contractor Information: Mechanical Cost \$ 25,000

Description of Work _____ # Units _____
 Flying Fish Mechanical 9102315457
 Mechanical Contractor's Company Name _____ Telephone _____
 1162 Mallard Bay Road, Hampstead, NC 28443 Telephone ffmech78@gmail.com
 Address _____ Email Address _____
 _____ Email Address 11637 Class 1
 Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths 0
 Creech Plumbing 9105200140
 Plumbing Contractor's Company Name _____ Telephone _____
 1838 Murraytown Road, Burgaw, NC 28425 Telephone becky.creech83@yahoo.com
 Address _____ Email Address _____
 _____ Email Address 10684 P1
 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.

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.

Sign w/Title _____

MANAGING MEMBER

Date

8/6/20