



SHEETZ
CARWASH

*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: Sheetz, Inc. Date: 5/13/21

Site Address: 2201 NC 24-87 Cameron NC 28326 Phone: _____

Description of Proposed Work: New Sheetz Carwash

General Contractor Information: Building Cost \$ 500,000.00

Qualified Builder's Inc. (919) 710-9894

Building Contractor's Company Name _____ Telephone _____

8801 Fast Park Dr., Suite 215, Raleigh NC 27617 _____
John.Knight@qualifiedbuildersinc.cc

Address _____ Email Address _____

John Knight Digitally signed by John Knight Date: 2021.05.13 11:04:16 -04'00' _____
36326

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information: Electrical Cost \$ 20,000.00

Description of Work Electrical work Service Size: 400 Amps #T-Poles 1

Coates Electric of Wilmington, Inc. (910) 791-8600

Electrical Contractor's Company Name _____ Telephone _____

7217 Ogden Business Park, Unit 114 Wilmington NC 28404 _____
rodney@coateselectricnc.com

Address _____ Email Address _____

Rodney Coates _____
U.12816

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information: Plumbing Cost \$ 10,000.00

Description of Work _____ # Baths _____

RC Plumbing, LLC _____
336-755-4013

Plumbing Contractor's Company Name _____ Telephone _____

295 Hamlin Road Dobson, NC 27017 _____
rcplumbing@surry.net

Address _____ Email Address _____

Rudy L. Comer _____
L.16688

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.

Tom Austin Sheetz, Inc.

05-18-21

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: John Knight

Digitally signed by John Knight
Date: 2021.05.13 11:08:37 -04'00'

Date: 5-13-2021