



\*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.

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: Seymour Family GST Irrevocable Trust Date: 11/11/21
Site Address: 2788 NC HWY 24, Cameron, NC Phone:
Description of Proposed Work: new coffee shop

General Contractor Information: Building Cost \$ 345,800

Kirkland, Inc.
Building Contractor's Company Name
4140 Mendenhall Oaks Parkway, High Point, NC 27265
Address

336-454-6131
Telephone
sgrooms@kirklandinc.com
Email Address
09177-U

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

Electrical Contractor Information: Electrical Cost \$ 50,000

Description of Work: Electrical for bldg Service Size: 400 Amps #T-Poles
Stelco Electric LLC shell
Electrical Contractor's Company Name

License #
980-313-8206
Telephone

2839 Coray Fox Rd, Monroe, NC 28110
Address

Kelly@stelco-electric.com
Email Address
03408 U

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

Mechanical Contractor Information: Mechanical Cost \$ 37,000

Description of Work: Install (2) RTV, stats
J & S HEATING AND AIR LLC
Mechanical Contractor's Company Name

# Units 2
919 438 4041
Telephone

700 PONY RD SVITE C ZEBULON NC 27597
Address

jeff@jshheatair.com
Email Address
22675

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

Plumbing Contractor Information: Plumbing Cost \$ 21,200.00

Description of Work: Install slab plumbing, gas pipe and grease interceptor # Baths 0
Garmon Mechanical Service Inc
Plumbing Contractor's Company Name
P.O. Box 1136 Albemarle, NC 28002
Address

704-984-6555
Telephone
nsenter.85@garmonmechanical.com
Email Address

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

11602
License #

Insulation Contractor Information

Tri-City Insulation, 3154 Camden Rd, Suite 1,
Fayetteville, NC 28306
Insulation Contractor's Company Name & Address

910-486-8855
Telephone

\*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.

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

11/10/21  
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: *Sham A. Needhar*

Asst't Secretary

Date: 11/10/21