



Batch Office

*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: Crete Solutions, LLC Date: _____

Site Address: 2520 US 401 N Lillington, NC 27546 Phone: 910-386-7967

Description of Proposed Work: Concrete Batch Office

General Contractor Information: Building Cost \$ 150,000

HIGHLAND PAVING Co. LLC. Telephone 910-485-5790

Address P.O. Box 1843 FAYETTEVILLE, NC 28302 Email Address dbyrd@hIGHLANDPAVING.COM

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 55505

Electrical Contractor Information: Electrical Cost \$ 12,000.00

Description of Work Main Office Service Size: 200 Amps #T-Poles 1

Electrical Contractor's Company Name Ray Lomis Electrical Contracting Telephone 910-259-5720

Address PO Box 223 W. Hill N.C. 28406 Email Address ray.lomis@electrical.com

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 11921-2

Mechanical Contractor Information: Mechanical Cost \$ 8,000.00

Description of Work Install of HVAC and duct work # Units 1

Mechanical Contractor's Company Name GIDEON HEATING & AIR INC Telephone (910) 328-1817

Address [Signature] Email Address ed@gideowhvac.com

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 16039

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work General plumbing of building # Baths _____

Plumbing Contractor's Company Name MLS PLUMBING Co. INC Telephone 910-484-1124

Address P.O. Box 547 STEPMAN NC 28391 Email Address MLSPLUMBING@HOTMAIL.COM

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # NC 28833P1

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

N/A	N/A
Sprinkler Contractor's Company Name	Telephone
N/A	N/A
Address	Email Address
	N/A
Signature of Officer(s) of Corporation	License #

Fire Alarm Contractor Information

N/A	N/A
Fire Alarm Contractor's Company Name	Telephone
N/A	N/A
Address	Email Address
	N/A
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: Jimmy Sarrett Date: 10-26-21

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: Jimmy Sarrett Date: 10-26-21