



\*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: PGI Cameron LLC Date: 1/26/2022

Site Address: 1624 NC 24-87, Cameron, NC 28326 Phone: 910-302-8992

Description of proposed work: Upfit existing shell for Jersey Mike's - Sub Shop

General Contractor Information: Building Cost \$ 300,000.00

RAYWEST DESIGNBUILD 910-302-8992

Building Contractor's Company Name Telephone

2818 RAEFORD RD., SUITE 300, FAYETTEVILLE 28303 tara.ostrander@raywestdesignbuild.

Address Email Address

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

Electrical Contractor Information: Electrical Cost \$ 40,000.00

Description of Work wiring/gear/fxture pckg Service Size: Amps #T-Poles n/a

Rowe Electric 910-584-7770

Electrical Contractor's Company Name Telephone

1457 Hayes Rd. chris.roweelect@yahoo.com

Address Email Address

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

Mechanical Contractor Information: Mechanical Cost \$ 50,000

Description of Work N/A Furnish & Intall tran 5 ton split hat pumps w/duct # Units 2

Certified Heating and Air Conditioning 910-858-0000

Mechanical Contractor's Company Name Telephone

PO Box 1071, Hope Mills, NC 28348 wjones.certified@gmail.com

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ Approx. \$30,000

Description of Work plumbing and gas piping for upfit # Baths 2

Woods Plumbing 910-920-3908

Plumbing Contractor's Company Name Telephone

1109 Hope Mills Rd., Fayetteville 28304 Office.WoodsPlumbingllc@gmail.com

Address Email Address

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

Insulation Contractor Information

N/A

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

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

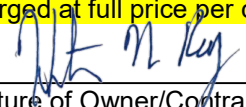
Signature of Officer(s) of Corporation


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.**

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

 1/26/2022  
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:  , Owner

1/26/2022  
 Date