

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Charlie Hickman Date: 01-08-24

Site Address: 658 Graham road Phone: (910)-353-2060

Directions to job site from Lillington: Take S main st to W Old Rd and Hop on 27. Take 27 down to Barbours Church road, take a left on Divina Rd then another left on Benhaven School road, then a right onto Graham road.

Subdivision: _____ Lot: _____

Description of Proposed Work: Sitework with New Commercial Church Building

Heated SF 12,150 Unheated SF _____
General Contractor Information: Building Cost \$ 2,500,000

Ecclesia Construction Company 803-402-2099
Building Contractor's Company Name Telephone
239 Hampton Street, Rock Hill, SC 29730 Noah@ecclesiaconstruction.com
Address Email Address
Noah Whitten 62685
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 297,952
Description of Work Provide new electrical Service Size: 800 Amps #T-Poles _____

PR Faulk Electrical Corporation 919-775-1990
Electrical Contractor's Company Name Telephone
3103 Hal Siler Dr. Sanford, NC 27332 Drock@prfaulkelectric.com
Address Email Address
Phillip Faulk 11335-U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 248,826
Description of Work Provide new Mechanical Service # Units 5 RTU'S

Arnold Service Company 910-425-3350
Mechanical Contractor's Company Name Telephone
820 Person St, Fayetteville, NC 28301 scott@ascheatandair.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License # 22474-H1, H2, i H3

Plumbing Contractor Information: Plumbing Cost \$ 43,448
Description of Work Provide New Plumbing Service # Baths 4

Precision Plumbing, Heating and Air 803-241-5144
Plumbing Contractor's Company Name Telephone
184 Grayson road, Rock Hill, SC 29732 Ben@precisionplumbingpro.com
Address Email Address
Benjamin Howell 24802
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Therm-All 864-316-5968
Insulation Contractor's Company Name & Address Telephone

*NOTE: General Contractor must fill out and sign the second page of this application

N/A

Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Information	
<u>Central Security Systems</u> Fire Alarm Contractor's Company Name	<u>410-642-2871</u> Telephone
<u>370 NW Broad St, Southern Pines, NC 28387</u> Address	<u>mail@centralsecuritync.com</u> Email Address
<u>[Signature]</u> Signature of Officer(s) of Corporation	<u>1761A-LY-SP-FA</u> License #
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Noah White
Signature of Owner/Contractor/Officer(s) of Corporation 07-08-24
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.

Company or Name: Noah White Ecclesia Construction Company

Sign w/Title: Noah White Project Manager Date: 07-08-24