



*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: HMD Development, Inc. Date: 6-16-22
Site Address: 2285 NC HWY 24-87, Cameron, NC Phone: 919-791-4631
Description of Proposed Work: New Commercial Shell Building

General Contractor Information: Building Cost \$ 1,800,000.00

HMD Development, Inc. 919-791-4631
Building Contractor's Company Name Telephone
8204 Creedmoor Rd. Suite 100 build@hmddevelopment.com
Address DocuSigned by: Email Address
Bryant Dickinson 74250
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 120,000.00

Description of Work New Service Service Size: 60 Amps #T-Poles 0
PowerComm Electrical Contractors, LLC 919-773-2265
Electrical Contractor's Company Name Telephone
3817 Junction Blvd, Raleigh, NC 27603 john@powercommelectrical.com
Address DocuSigned by: Email Address
John Sutton 26581-U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 0

Description of Work N/A # Units _____
Mechanical Contractor's Company Name Telephone
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 45,000.00

Description of Work New S.S. Trunk Line and Water Line # Baths 0
Central Carolina Plumbing, LLC 919-799-8343
Plumbing Contractor's Company Name Telephone
517 Derby Place, Zebulon, NC 27597 centralcarolinaplumbingllc@yahoo.c
Address DocuSigned by: Email Address
Marco Hernandez 32950
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Bay Insulation Systems of Raleigh, 2114 Atlantic Ave. Ste.108, R 919-824-7075
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.

 _____ 6-16-22
 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:  VP Date: 6/20/22