



*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 # 642
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: Matthews Landing Development LLC Date: 7/28/2022
Site Address: 642 Harnett Central Rd, FuquayVarina, NC 27526 Phone: 919-852-0840
Description of Proposed Work: Retaining Wall Installation; 14 Walls

General Contractor Information: Building Cost \$ 850,267.05

Blackleaf, Inc
Building Contractor's Company Name
612 W Lane St Raleigh, NC 27603
Address
Signature of Owner/Contractor/Officer(s) of Corporation
919-852-0840
Telephone
marissa@verticalwalls.com
Email Address
74806
License #

Electrical Contractor Information: Electrical Cost \$

Description of Work Service Size: Amps #T-Poles

Electrical Contractor's Company Name Telephone
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$

Description of Work # Units

Mechanical Contractor's Company Name Telephone
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$

Description of Work # Baths

Plumbing Contractor's Company Name Telephone
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

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

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

Fire Alarm Contractor Information

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.

M. Medli _____ 7/28/22
 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: M. Medli / Executive Assistant Date: 7/28/22

Wall 1 - 4719 sqft = \$71,964.75

Wall 1A - 2718 sqft = \$41,449.50

Wall 2 - 817 sqft = \$12,459.25

Wall 3 - 2745 sqft = \$41,861.25

Wall 3A - 2779 sqft = \$42,379.75

Wall 4 - 1020 sqft = \$15,555.00

Wall 5 - 4712 sqft = \$71,858.00

Wall 6 - 3266 sqft = \$49,806.50

Wall 7 - 524 sqft = \$11,501.80

Wall 8 - 4190 sqft = \$63,897.50

Wall 9 - 13193 sqft = \$201,193.25

Wall 10 - 11623 sqft = \$177,250.75

Wall 11 - 1912 sqft = \$29,158.00

Wall 12 - 1307 sqft = \$19,931.75