

Building #19 (J) 50 x 310

*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.hamett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Allied Investors Inc., 350 Wagoner Dr. Fayetteville, NC 28303 Date: 10/25/22
Site Address: Alpine Dr, Sanford, NC 27332 PIN 9586-88-3426.00 Phone: 919.630.2100

Directions to job site from Lillington: US 421, right on Us-401, right on NC210 S, Right on Bethea Rd, Right on Shawtown Rd, Left on Fuller, Left on NC 27W, Right on Docs Rd, Right on Microtwoer Rd,
Continue straight to Alpine Dr.

Subdivision: 00300F Lot: _____
Description of Proposed Work: New Construction-Self Storage-Commercial

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 351,000.00
Weaver Homes Inc. Telephone 919.630.2100
Building Contractor's Company Name Telephone _____
350 Wagoner Dr Fayetteville, NC 28303 Telephone _____
Address Susan Rodriguez Email Address susan@weaver-homes.com
Signature of Owner/Contractor/Officer(s) of Corporation License # 75971

Electrical Contractor Information: Electrical Cost \$ 8500.00
Description of Work New Construction Service Size: _____ Amps #T-Poles _____
IM Pope Electric LLC Telephone 919.776.5144
Electrical Contractor's Company Name Telephone _____
409 ~~West~~ Chatham St Sanford, NC 27330 Telephone _____
Address Marshall.pope74@gmail.com Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation License # 21326

Mechanical Contractor Information: Mechanical Cost \$ 0
Description of Work New Construction # Units 5
Central Heat & Air Telephone 919.398.4281
Mechanical Contractor's Company Name Telephone _____
PO Box 175, Four Oaks, NC 27524 Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation License # 28699

Plumbing Contractor Information: Plumbing Cost \$ 0
Description of Work New Construction # Baths 1
Double J Plumbing Telephone 910.814.7705
Plumbing Contractor's Company Name Telephone _____
614 Byrd Rd, Bunnlevel, NC 28323 Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation License # 21649

Insulation Contractor Information
Insulation Inc. Telephone 919.770.1974
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

Fire Alarm Contractor's Company Name

Telephone

N/A
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.

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

10/25/22
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: Weaver Homes Inc.

Sign w/Title: Susan Rodriguez Date: 10/25/22