

Building 1 with office 70x340
(A)

*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: 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 Bethesda 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 23,508 Unheated SF _____
General Contractor Information: Building Cost \$ 775,764.60

Weaver Homes Inc. Telephone 919.630.2100
Building Contractor's Company Name _____
350 Wagoner Dr Fayetteville, NC 28303 Telephone _____
Address _____ Email Address susan@weaver-homes.com
Susan Rodriguez _____ License # 75971
Signature of Owner/Contractor/Officer(s) of Corporation _____

Electrical Contractor Information: Electrical Cost \$ 24,500.00
Description of Work New Construction Service Size: _____ Amps #T-Poles _____
TA Pope Electric LLC Telephone 919.776.5144

Electrical Contractor's Company Name _____
409 ~~East~~ Chatham St Sanford, NC 27330 Telephone _____
Address _____ Email Address Marshall.pope74@gmail.com
James M Pope _____ License # 21326
Signature of Owner/Contractor/Officer(s) of Corporation _____

Mechanical Contractor Information: Mechanical Cost \$ 42,000.00-
Description of Work New Construction # Units 5
Central Heat & Air Telephone 919.398.4281

Mechanical Contractor's Company Name _____
PO Box 175, Four Oaks, NC 27524 Telephone _____
Address _____ Email Address _____
Four Oaks _____ License # 28699
Signature of Owner/Contractor/Officer(s) of Corporation _____

Plumbing Contractor Information: Plumbing Cost \$ 3000.00
Description of Work New Construction # Baths 1
Double J Plumbing Telephone 910.814.7705

Plumbing Contractor's Company Name _____
614 Byrd Rd, Bunnlevel, NC 28323 Telephone _____
Address _____ Email Address _____
JAMIE JOHNSON _____ License # _____
Signature of Owner/Contractor/Officer(s) of Corporation _____

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 _____

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 _____

10/25/22 _____

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.

Company or Name: Weaver Homes Inc.

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