

Johnson

2.21.23

Application # _____

*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.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
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: HP6 Fuquay Varina Health Investors, LLC Date: 1-26-23

Site Address: 40 Bawls Club Rd Fuquay Varina NC 27526 Phone: _____

Directions to job site from Lillington: Depart from 420 McKinney Pkwy, head toward Alexander Dr, turn left onto Alexander Dr, turn left onto McKinney Pkwy turn left onto US-401N, keep straight, turn right onto Bawls Club Road

Subdivision: _____ Lot: _____

Description of Proposed Work: Construction of an assisted living facility

Heated SF 33,000 Unheated SF _____
General Contractor Information: Building Cost \$ ~~145,264.00~~ 8,600,000.00 KCD

Carolina Commercial Contractors
Building Contractor's Company Name
1600 Colon Road Sanford NC 27330
Address

919-776-4641
Telephone
chase@carolinacommercialnc.co
Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____

Electrical Contractor Information: Electrical Cost \$ Warden - 653,929.00 License # Warden
Description of Work See other page Service Size: _____ Amps #T-Poles 171,261.00
Warden Enterprise

Warden Enterprise
Electrical Contractor's Company Name
PO Box 746 Yadkinville NC 27055
Address

42607
License #
336-849-8034
Telephone
randy.w@wardenenterprise.com
Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____

Mechanical Contractor Information: Mechanical Cost \$ _____ License # _____
Description of Work _____ # Units _____

Odyssey Mechanical
Mechanical Contractor's Company Name
6730 Amsterdam Way Wilmington NC 28405
Address

910-392-6400
Telephone
rob.annette@odysseymechanical.com
Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____

Plumbing Contractor Information: Plumbing Cost \$ _____ License # _____
Description of Work _____ # Baths _____

Simpson & Sons Plumbing
Plumbing Contractor's Company Name
230 Jenni Lane Sanford NC 27330
Address

919-774-3790
Telephone
SimpsonandSonsplumbingllc@gmail.com
Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____

Insulation Contractor Information
Insulating Inc.
Insulation Contractor's Company Name & Address
336-213-9144
Telephone

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

Sprinkler Contractor Information	
J & D Sprinkler Company	919-553-2356
Sprinkler Contractor's Company Name	Telephone
315 West Main St Clayton NC 27520	farrina@jdsprinkler.com
Address	Email Address
	16269FS
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Information	
Warden Enterprises, Inc	336-849-8034
Fire Alarm Contractor's Company Name	Telephone
PO Box 746 Yadkinville NC 27055	randy.w@wardenenterprise.com
Address	Email Address
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input checked="" type="checkbox"/> Yes <input 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.

_____ Date: 2-7-23

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: Carolina Commercial Contractors

Sign w/Title: Sr. Project Manager Date: 2-7-23