

*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: University Storage, LLC Date: 2/27/2023

Site Address: 305 Masonic Road, Erwin, NC Phone: (910) 890-3256

Directions to job site from Lillington: Take Hwy. 421 from Lillington to Erwin.
Turn right on Masonic Rd. 305 Masonic Rd. is on the corner
of Masonic Rd. and Hwy. 421

Subdivision: N/A Lot: _____

Description of Proposed Work: Construction of self storage facility

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 797,935.00

Barefoot Building Company, LLC
Building Contractor's Company Name

(910) 890-3256
Telephone

P.O. Box 1411, Coats, NC
Address

wrbarefoot@yahoo.com
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

81627
License #

Electrical Contractor Information: Electrical Cost \$ 60,744.00

Description of Work Installation of electrical Service Size: 200 Amps #T-Poles _____

Reliant Electric and Power System
Electrical Contractor's Company Name

(919) 632-6963
Telephone

222 Normandy Drive, Clayton, NC
Address

Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

295884
License #

Mechanical Contractor Information: Mechanical Cost \$ 40,714.00

Description of Work Installation of HVAC system # Units 4

J&M Heatly & Air Condition Co., Inc.
Mechanical Contractor's Company Name

(910) 897-5501
Telephone

724 Turlington Road, Dunn, NC 28334
Address

jandmhvac@centurylink.net
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

L-17164
License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work ~~Installation of plumbing system~~ # Baths _____

Plumbing Contractor's Company Name N/A

Telephone

Address _____

Email Address

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

License #

Insulation Contractor Information

* installed by erector / manufacturer
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.

WLR B/pt
Signature of Owner/Contractor/Officer(s) of Corporation

2/27/2023
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: Barefoot Building Company, LLC
Sign w/Title: WLR BL, Member/Manager Date: 2/27/2023