

*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 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Site 2204.0001
Bldg. 2200.0004
8 unit shell bldg.

Application for Building and Trades Permit

Owner's Name: HMD Development, Inc Date: _____
Site Address: 2277 NC Highway 24-87 Cameron, NC 28326 Phone: 919-791-4631
Directions to job site from Lillington: _____

9594-26-4417

Subdivision: _____ Lot: _____

Description of Proposed Work: Build new medical space fit up

Heated SF 4650sf Unheated SF _____

General Contractor Information: Building Cost \$ 430,000

HMD Development Inc Telephone 919-791-4631

Building Contractor's Company Name Telephone
8204 Creedmoor Rd. Raleigh, NC 27613 Build@hmddevelopment.com

Address DocuSigned by: _____ Email Address

Bryant Dickinson

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 85,000

Description of Work New Service, Lighting Package Service Size: 400 Amps #T-Poles No
Power Comm Electrical Contrators, LLC Telephone 910-292-2999

Electrical Contractor's Company Name Telephone

814 Neighbors Rd. Dunn, NC 28334 John@powercommelectrical.com

Address DocuSigned by: _____ Email Address

John Sutton

Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 75,000

Description of Work Supply heat pumps system with air handle units # Units 3

6 & Fix HVAC & Refrigeration Telephone 9919-736-6661

Mechanical Contractor's Company Name Telephone

9006 Glenwood Ave. Raleigh, NC 27617 Nick@6andfix.com

Address DocuSigned by: _____ Email Address

[Signature]

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 60,000

Description of Work U/G & In Wall plumbing, provide and install plumbing furnitures # Baths 2

Team Plumbing LLC Telephone 21476

Plumbing Contractor's Company Name Telephone

6163 Little Rock Church Rd. Lucama, NC 27851 wayne@teampumbingnc.com

Address DocuSigned by: _____ Email Address

Wayne Hughart

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Quickwalls Construction, LLC 1113 Field Meadows Dr. Zebulon, NC 27597 Telephone 919-723-1699

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

N/A

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.

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: HMD Development, LLC.

DocuSigned by:

Sign w/Title: Bryant Dickinson Vice President Date: 2/27/2023

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