

*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: TKC CCCXV, LLC Date: 05/23/2023

Site Address: 225 Brightwater Drive, Lillington, NC 27546 Phone: 704-401-7941

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: New construction, three story medical office building (core & shell)

Heated SF 65,986 Unheated SF _____

General Contractor Information: Building Cost \$ 9,110,744

Choate Construction Co.

Building Contractor's Company Name _____

Address: 5440 WADE PARK BLVD, SUITE 220, RALEIGH, NC 27607

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

919-719-5281

Telephone _____

Email Address: psloane@choateca.com

License # _____

30582

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

Triangle Electric Service

Electrical Contractor's Company Name _____

Address: 12085 US Hwy 15-501W, Chapel Hill, NC

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

Robert Blitchington
(Robert Blitchington (May 30, 2023 09:32 EDT))

Address _____

License # _____

1,242,177

Telephone: 919-414-5324

Email Address: luke@triangle-electrical.com

License # _____

19008-4

Mechanical Contractor Information: Mechanical Cost \$ 1,052,013

Description of Work _____ # Units _____

Piedmont Service Group

Mechanical Contractor's Company Name _____

Address: 1031 Novell Rd Raleigh, NC

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

AZA

Telephone: 919-851-5800

Email Address: dfetzer@piedmontsg.com

License # _____

24794

Plumbing Contractor Information: Plumbing Cost \$ 316,889

Description of Work _____ # Baths _____

Smith Co Plumbing

Plumbing Contractor's Company Name _____

Address: 3115 Airport Dr. Wilson, NC

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

Jimmie Smith
(Jimmie Smith (May 31, 2023 12:59 EDT))

Address _____

Telephone: 252-237-9554

Email Address: sm.thco plumbing@earthlink.net

License # _____

5801 Plumbing Chris I

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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

Sprinkler Contractor Information

Associated Fire Protection

Sprinkler Contractor's Company Name

PO Box 28022

Address

[Signature]

Signature of Officer(s) of Corporation

Telephone

j.hicks@afp-nc.com

Email Address

29247

License #

Fire Alarm Contractor Information

Triangle Electric Service Inc.

Fire Alarm Contractor's Company Name

Address

Signature of Officer(s) of Corporation

Telephone

Email Address

19008-4

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]

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

5/30/23
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: Choate Construction Co.

Sign w/Title: [Signature] Sr. PM

Date: 5/30/23