

*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 66 Lillington, NC 27546
910-898-7625 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: FAIRWAY POINT, LLC Date: 7/27/23
200 Site Address: GALLERY DR. SPRING LAKE, NC 28390 Phone: 910-580-2425
Directions to job site from Lillington: FOLLOW NC-27 TO NURSERY RD. TO RAY RD. - CONTINUE TO ANDERSON CREEK DR. AND WHISPERING PINES DR. TO GALLERY DR.
Subdivision: ANDERSON CREEK COUNTRY CLUB Lot: PROPOSED # 2
Description of Proposed Work: NEW CONSTRUCTION - 10-UNIT BLDG - 2+3 BEDROOM
Heated SF 18509 Unheated SF 2050

General Contractor Information: Building Cost \$ 1,913,000
HEH CONSTRUCTORS, INC. Telephone 910-580-2425
Building Contractor's Company Name
2919 BREEZEWOOD AVE, # 100 Address
BRYAN BENNETT @ HUFFFAMILYOFFICE.CO Email Address

FOR HEH CONSTRUCTORS, INC. License # 31554
Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Contractor Information: Electrical Cost \$ 81,850
Description of Work HIGH VOLTAGE Service Size: _____ Amps #T-Poles 1
CURRENT TECHNOLOGIES ELECTRIC, LLC. Telephone 919-278-8874
Electrical Contractor's Company Name
911 PAVENSTONE DR. SUITE C, RALEIGH NC 27615 Address
SAMUEL - CLOYD @ YAHOO.COM Email Address
23963U License #

Signature of Owner/Contractor/Officer(s) of Corporation
Mechanical Contractor Information: Mechanical Cost \$ 95,400
Description of Work NEW CONSTRUCTION INSTALL # Units 10
ALL SEASONS AIR CONDITIONING AND HEATING, INC. Telephone 910-303-9813
Mechanical Contractor's Company Name
3981 CUMBERLAND RD. FAYETTEVILLE, NC. 28306 Address
CRSIKES @ ALLSEASONSACANDHTG.COM Email Address
11972 License #

Signature of Owner/Contractor/Officer(s) of Corporation
Plumbing Contractor Information: Plumbing Cost \$ 107,848
Description of Work NEW CONSTRUCTION INSTALL # Baths 20
VAIKE JOHNSON PLUMBING COMPANY, INC Telephone 910-424-6712
Plumbing Contractor's Company Name
3242 MID PINE RD, FAYETTEVILLE, NC. 28306 Address
JALEACHER @ V5PLUMBING.COM Email Address
07756-P1 License #

Insulation Contractor Information
TRICITY INSULATION & BUILDING PRODUCTS Telephone 910-486-8855
Insulation Contractor's Company Name & Address
OF FAYETTEVILLE - 3154 CAMDEN RD. STE. 1 (TIM GOOWIN)
FAYETTEVILLE, NC 28306

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

Sprinkler Contractor Information

SUMMIT FIRE & SECURITY

Sprinkler Contractor's Company Name

919-872-3250

Telephone

1731 ROUND ROCK DR. RALEIGH, NC 27615

Address

JSTEBILA@SUMMITFIRESECURITY.COM

Email Address

FS29733

License #

[Signature]

Signature of Officer(s) of Corporation

Fire Alarm Contractor Information

HOLMES SECURITY SYSTEMS

Fire Alarm Contractor's Company Name

910-483-6922

Telephone

127 HAY STREET, FAYETTEVILLE, NC 28301

Address

SWHEELER@HOLMSELECTRICSECURITY.COM

Email Address

[Signature]

Signature of Officer(s) of Corporation

10174-SP-FA/LV

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

FOR H&H CONSTRUCTORS, INC

Date

7/27/2023

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: H&H CONSTRUCTORS, INC.

Sign w/Title: [Signature] REGIONAL MGR.

Date: 7/27/2023