

*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 # _____
Hamett 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.hamett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: CAMPBELL UNIVERSITY / ANNEX Date: 11/2/20

Site Address: BRITT HALL, 85 MAIN ST Phone: _____

Directions to job site from Lillington: AT CAMPBELL ROUND ABOUT TURN TO GO TO BRITT HALL. CHECK FILE INSIDE ON LEFT - BEHIND TO THE LEFT OF GYM

Subdivision: CAMPBELL UNIVERSITY Lot: _____

Description of Proposed Work: REPLACE COUNTER, REMOVE, ADD STORAGE

Heated SF _____ Unheated SF _____ Building Cost \$ 180,000

WESTROC CONSTRUCTION LLC

252 885 0768

Building Contractor's Company Name
PO Box 8513 ROCKY MOUNT NC 27804

Telephone
westroc@icloud.com

Address
[Signature]

Email Address
68478 U

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

License #
30000

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work
ELECTRICAL SOLUTIONS OF NC INC

Service Size: _____ Amps #T-Poles
910 237 0260246

Electrical Contractor's Company Name
902 FRIENDLY ROAD DUNN NC 28334

Telephone
ELECTRICALSOLUTIONSNC@gmail.com

Address
[Signature]

Email Address
22659-L

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

License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work N/A # Units _____

Mechanical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Plumbing Contractor Information: Plumbing Cost \$ 6000

Description of Work ADD HAND SINK, EYE WASH # Baths 0

Plumbing Contractor's Company Name
PROFESSIONAL LINA TEAM IN PLUMBING SERVICES LLC

Telephone
984 308 4794

Address
110 DAVIS RD ZEBULON 27529

Email Address
29810

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

License # _____

Insulation Contractor Information

[Signature] N/A

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

11/2/23
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: WESTCO CONSTRUCTION LLC

Sign w/Title: [Signature] - MANAGING MBR Date: 11/2/23



Fire Marshal Division

P.O. Box 370
Lillington, NC 27546
910-893-7580

Application for Plan Review

Permit Type: COMMERCIAL BUILDING REMODEL

Date Received: _____ Received By: _____

Name of Project: CHICK FUL A REMODEL AT CAMPBELL UNIV.

Physical Address of Project: BRITT HALL, 85 MAIN ST

Plans Submitted By: MIKE BANNON, WESTROC CONSTRUCTION

Project Phone: (252)-885-0768

Contact Person/Address: MICHAEL BANNON

Contact Phone: (252)-382-1025 () - -

Contractor's Name/Info: WESTROC CONSTRUCTION LLC

PO BOX 8513 ROCKY MOUNT NC

Contractor's Phone: (252)-885-0768 27804

Contact Email: westroc @ icloud.com

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525 : Opt. 2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.