



\*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

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: 2080 Elliott Bridge Rd., Bunnlevel, NC 28323 Date: 05/14/2024

Site Address: 2080 Elliott Bridge Rd., Bunnlevel, NC 28323 Phone: 910-893-3504

Description of Proposed Work: New construction - metal building

General Contractor Information: Building Cost \$ 427,110.15

RAYWEST DESIGNBUILD 910-824-0503

Building Contractor's Company Name Telephone

2818 Raeford Rd., Ste 300 Fayetteville, NC 28303 kelly.meyers@raywestdesignbuild.c

Address Email Address

JK M Ray

76368

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

Electrical Contractor Information: Electrical Cost \$ 42,113.00

Description of Work New construction - metal builc Service Size: 200A Amps #T-Poles 1

Rowe's Electrical Corporation 910-584-7770

Electrical Contractor's Company Name Telephone

1457 Hayes Rd Spring Lake NC 28390 chris.roweelectric@yahoo.com

Address Email Address

Christopher B Rowe

07510-U

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

Mechanical Contractor Information: Mechanical Cost \$ 36,200

Description of Work Install new RTU/ductwork # Units 1

Modern Mechanical HVAC, LLC 919-670-4515

Mechanical Contractor's Company Name Telephone

1544 Mechanical Blvd, Garner, NC 27529 cramby@modernmechvac.com

Address Email Address

Chris Ramby

29380 H2, H3

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

Plumbing Contractor Information: Plumbing Cost \$ 17,984.50

Description of Work addition of new restroom # Baths 2

Strategic Plumbing Solutions 910.494.5678

Plumbing Contractor's Company Name Telephone

5614 Weatherford Rd Fayetteville NC 28303 jhopson@strategicplumbinginc.com

Address Email Address

Joe R. Hopson

36660

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

Insulation Contractor Information

Scott's Painting & Drywall 238 Emma Jane Rd. St. Pauls, NC 28107 910-258-8793

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.

\_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation Date 05/16/2024

**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.

\_\_\_\_\_  
 Sign w/Title: \_\_\_\_\_ Date: 05/16/2024