

# Harnett COUNTY

\*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: Rai Investments of NC LLC. Date: 4-25-25  
Site Address: 918 Longbranch Rd. Dunn, NC 28334 Phone: 910-364-6826  
Description of Proposed Work: 60x100 Metal Building

### General Contractor Information: Building Cost \$ 99,850.00

Rivas General Contracting LLC  
Building Contractor's Company Name

336-755-7027  
Telephone

628 Romie Snow Road, Dobson, NC 27617  
Address

rivasbgc@gmail.com  
Email Address

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

87790  
License #

Electrical Contractor Information: Electrical Cost \$  
Description of Work N/A Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

\_\_\_\_\_  
Electrical Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
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 \$

Description of Work N/A # Baths \_\_\_\_\_

\_\_\_\_\_  
Plumbing Contractor's Company Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
License #

### Insulation Contractor Information

\_\_\_\_\_  
Insulation Contractor's Company Name & Address

\_\_\_\_\_  
Telephone

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

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# Harnett COUNTY

<u>Sprinkler Contractor Information</u>	
<div style="text-align: center; margin-bottom: 5px;"><u>N/A</u></div> Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Fire Alarm Contractor Information</u>	
<div style="text-align: center; margin-bottom: 5px;"><u>N/A</u></div> Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<b>Driveway Access</b> - NC Department of Transportation Driveway Access/Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

4/25/25

Date

<b>Affidavit for Worker's Compensation N.C.G.S. 87-14</b>	
The undersigned applicant being the:	
<input type="checkbox"/> General Contractor	<input checked="" type="checkbox"/> Owner
<input type="checkbox"/> 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:	
<input type="checkbox"/> Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
<input type="checkbox"/> Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
<input checked="" type="checkbox"/> Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.	
<input type="checkbox"/> 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:	Owner Date: 4-25-25

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