

*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: FAIRWAY POINT, LLC Date: 5/2/2024

Site Address: 188 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. - WHISPERING PINES DR. TO GALLERY DR.

Subdivision: ANDERSON CREEK COUNTRY CLUB Lot: @ SIDE OF 188

Description of Proposed Work: SEGMENTED BLOCK RETAINING WALL

Heated SF N/A Unheated SF APPROX 455 SF OF WALL

General Contractor Information: Building Cost \$ 15,000

H&H CONSTRUCTORS, INC Telephone 910-580-2425

Building Contractor's Company Name Address 2919 BREEZEWOOD AVE SUITE 100 Email Address BRYANBENDIT@HUFFFAMILYOFFICE.COM

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 31554 (NC)

Electrical Contractor Information: Electrical Cost \$ _____

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

N/A 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 _____ # Units _____

N/A 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 _____ # Baths _____

N/A Plumbing Contractor's Company Name Telephone _____

Address _____ Email Address _____

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

Insulation Contractor Information

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

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

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.

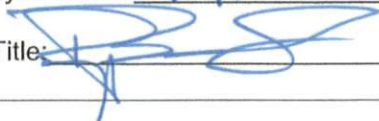
Has no more than two (2) employees and no subcontractors.

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:



REGIONAL MANAGER

Date:

5/2/2024

N/A

N/A