Harnett COUNTY NORTH CAROLINA
strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

COMMERCIAL BUILDING APPLICATION

Site Address: 8500 Old U.S. 421 Lillington **PIN:** 130610-9000

Owner: Harnett County **Phone:** 9108937518 **Email:** Cdavis@harnett.org.

Description of Proposed Work: Reno + Repair for Monument Exterior Work **Total Job Cost:** $ 104,625.24

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Pinam Construction, Inc.
General Contractor's Company Name

919 908 8774
Phone

2121 Guess Rd. Durham 27705
Address

Support@pinamconstruction.com
Email

78381
License #

Beth Mashburne
Signature of Owner/Contractor/Officer of Corp.

$ 104625.24
Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: none

Service Size: _____ Amps T-Poles: YES ☐ NO ☐

none
Electrical Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

$ _____
Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: none # of Units: _____

none
Mechanical Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

$ _____
Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: none # of Baths: _____

none
Plumbing Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

$ _____
Plumbing Cost

INSULATION CONTRACTOR INFORMATION

none
Insulation Contractor's Company Name

Phone

APPLICATION CONTINUES ON BACK

Harnett COUNTY NORTH CAROLINA

SPRINKER CONTRACTOR INFORMATION

none
Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

none
Fire Alarm Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES ☐ NO ☒

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is $150.00. After 2 years re-issue fee is as per current fee schedule.

Beth Mashburn
Signature of Owner/Contractor/Officer of Corp.

9/29/2025
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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

✓ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

_____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

_____ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Beth Mashburn
Signature of Owner/Contractor/Officer of Corp.

9/29/2025
Date

SCOPE OF WORK

PROJECT SCOPE:

Renovation and Repair of remaining structure from the old Boone Trail School destroyed by fire in 2019. Remaining structure will be renovated into park entryway monument. The below construction tasks incorporate a majority of the tasks but may not include all tasks included in the Construction Drawings.

- Demo existing metal handrail.
- Remove existing limestone ledge cap for refinishing and reset in original location on masonry walls.
- Demo existing concrete landing and bearing walls.
- Remove portion of existing masonry at end of wall in preparation for new end wall masonry.
- Salvage existing brick as needed.
- Demo existing (non-energized) light fixture and any wiring, electrical boxes, conduit, etc.
- Remove existing charred finishes, clean and prep surface for new masonry anchors.
- Prep top of wall for new concrete parapet cap.
- Remove exterior layer of brick and temporarily shore opening for installation of salvaged concrete signage.
- Install new 1 1/2" diameter steel pipe handrail.
- Patch, Repair, and Resurface existing Concrete Stairs, as needed.
- Rake back mortar and apply sealant joint.
- Infill Existing Masonry openings with brick.
- Install New HSS 6" x 6"x 1/4" Steel column and structural HSS Tube Steel Beam.
- Install new 8" Reinforced CMU Wall with connection to existing masonry.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Myra Garcia	
Rapid Insurance Agency, Inc 2117 Guess Rd Durham NC 27705	PHONE (A/C, No, Ext): 919-294-9089	FAX (A/C, No):
	E-MAIL ADDRESS: support@rapid-insuranceagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Erie Insurance Exchange	26271
	INSURER B : Progressive	24260
	INSURER C : Liberty Mutual Insurance	23043
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Pinam Construction, Inc.
2121 Guess Rd
Durham NC 27705

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	N	Y	Q28-2521567	04/25/2025	04/25/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY	N	Y	970236850	06/08/2025	06/08/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$ 1,000,000
							BODILY INJURY (Per accident)	$ 1,000,000
							PROPERTY DAMAGE (Per accident)	$
							Med Pay	$ 5000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $	N	Y	Q28-2570504	04/28/2025	04/28/2026	EACH OCCURRENCE	$ 1,000,000
							AGGREGATE	$ 1,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC5-39S-366988-010	04/28/2025	04/28/2026	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Myra T. Garcia