

*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: 200 NORTH 13 LLC Contact: Norman Avery Date: 7-24-2024

Site Address: 200 North 13th Street, Suite 302, Erwin, NC 28339 Phone: 910-391-1398

Directions to job site from Lillington: _____ Email: normanavery.erwin@gmail.com

Subdivision: _____ Lot: _____

Description of Proposed Work: THE PROJECT IS THE INTERIOR IMPROVEMENTS TO THE EXISTING SUITE 302 IN AREA 3 OF ERWIN MILL. THE TENANT WILL BE THE FABRICATOR AND DISTRIBUTOR OF GOLF SIMULATORS AND SOME FABRICATION INVOLVING TEXTILE CUTTING AND SEWING WILL BE PERFORMED IN THIS SUITE.

Heated SF 6273 Unheated SF _____
General Contractor Information: Building Cost \$ 28,500

JOB SITE SUPERINTENDENT - Prince Raymond Betts 919.999.6966
Building Contractor's Company Name Telephone

1064 Wilkes Rd. Fayetteville NC. 28306 _____
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____
NO LICENCE REQUIRED

Description of Work Service, Rec, Lights **Electrical Contractor Information:** Electrical Cost \$ 8,600.00
McMillan Electric Kevin McMillan Service Size: 200 Amps #T-Poles _____

2079 Old US 701 Hwy Clinton, NC 28328 _____
Address Telephone

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] mcmillanelectricinfo@gmail.com
License # _____ Email Address

Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # 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 _____ # 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

Sprinkler Contractor Information

J & D SPRINKLER CO. INC Bob Weaver 919-553-2356
Sprinkler Contractor's Company Name Telephone
315 W. Main Street, Clayton, NC 27520 bob@jdsprinkler.com
Address Email Address
Signature of Officer(s) of Corporation 16269 FS1
License #

Fire Alarm Contractor Information

Asheboro Fire and Security Darwin Smith 336-625-8970
Fire Alarm Contractor's Company Name Telephone
159 N Park St, Asheboro, NC 27203 Darwin@asheborofireandsecurity.com
Address Email Address
Darwin Smith SP.FA/LV.17012
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.

Yarman Sana SENIOR MANAGING DIRECTOR
Signature of Owner/Contractor/Officer(s) of Corporation

7-25-2024
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: DOONIZ, LLC

Sign w/Title: *Yarman Sana* SENIOR MANAGING DIRECTOR Date: 7-25-2024