

*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
Email centralpermitting@harnett.org
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Roots Fund IV, LP Date: 11/25/2024

Site Address: 371 Archie St, Spring Lake, NC 28390 Phone: 281-889-4825

Directions to job site from Lillington: Take E Front St to S Main St, Take NC-210 S to Archie St, Turn right onto Archie St, destination will be on the left.

Subdivision: Anderson Creek MHP Lot: 371

Description of Proposed Work: Mobil Home modifications for residential to commercial change of use. To be used as the community office.

Heated SF 930 Unheated SF 0

General Contractor Information: Building Cost \$ 48,700

Brine Development Services, LLC (Thomas McLeod-Licensee) 281-889-4825
Building Contractor's Company Name Telephone

4206 National Guard Dr, Plant City, FL 33563 harold.moreland@brinedevelopment.com
Address Email Address

Harold Moreland (Senior Project Manager) 100795 (Thomas McLeod-Licensee)
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ \$4500

Description of Work Reworking existing hall bathroom exhaust fan/lighting and providing egress lighting.

Service Size: 200 Amps #T-Poles 1

Andersons Electrical and Plumbing 910-224-6969
Electrical Contractor's Company Name Telephone

1030 Riverside Circle Spring Lake NC 28390 andersonselectrical@mail.com
Address Email Address

[Signature] U31675
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 \$ 3500

Description of Work Reworking existing hall bathroom to be accessible per NCBC

Baths 2

Andersons Electrical and Plumbing 910-224-6969
Plumbing Contractor's Company Name Telephone

1030 Riverside Circle Spring Lake, NC 28390 andersonselectrical@mail.com
Address Email Address

[Signature] L 34162
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

N/A _____
Insulation Contractor's Company Name & Address Telephone

Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

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 ___**X** 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.

Harold Moreland (Senior Project Manager)

1/17/2025

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:

___**X**___ 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:

___**X**___ 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.

___**X**___ 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: Brine Development Services, LLC

Sign w/Title: *Harold Moreland* (Senior Project Manager) Date: 1/17/2025