*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 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

Owner's Name: Walmart RE Business Trust		Date:	
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	Phone:	479-330-2070	
Directions to job site from Lillington:			
Subdivision:	Lot:		
Description of Proposed Work: Walmart Remodel			
Heated SF Unheated SF			
General Contractor Information: Building Cost \$	3,873,935.00	•	
Newco Construction of America, Inc.	770-772-6963		
Building Contractor's Company Name	Telephone		
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwiley@newcoo	construction.com	
Address	Email Address		
	59843	WARRING CONTRACTOR CON	
Signature of Owner Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost Description of Work FANTIAL REMODEL Service Size:	License # \$ 440,000	-	
Description of Work PARTIAL REMODEL Service Size:	Amps	#T-Poles	
Ponce Electric, Inc.	478-299-8158		
Electrical Contractor's Company Name	Telephone		
195 Bass Road, Swainsboro, GA 30401	bill@ponceelect	ricinc.com	
Address Mil B. Forme M.	Email Address	ソ	
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical C	License #		
Description of Work	# Units	ACCORD	
Place Services, Inc.	678-880-4777		
Mechanical Contractor's Company Name	Telephone		
201 Gateway Drive, Canton, GA 30115	daniel.leslie@p	si.works	
Address	Email Address	n the California in the specific term the constitution of the constitution of the california in the california	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License #		
Description of Work	# Baths		
Place Services, Inc.	678-880-4777		
Plumbing Contractor's Company Name	Telephone		
201 Gateway Drive, Canton, GA 30115	ryan.mullaney@	psi.works	
Address	Email Address		
Signature of Owner/Contractor/Officer(s) of Corporation	License #		
Insulation Contractor Information			
N/A			
Insulation Contractor's Company Name & Address	Telephone		

Sprinkler Contractor Information		
Jasper Fire Protection, Inc.	205-717-0142	
Sprinkler Contractor's Company Name	Telephone	
1272 North Ridge Drive, Jasper, AL 35504	jasperfire@yahoo.com	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
Fire Alarm Contractor Info	<u>rmation</u>	
ICE Contractors	256-353-7828	
Fire Alarm Contractor's Company Name	Telephone	
1415 Kathy Lane SW, Decatur, AL 35601	permits@icecontractors.net	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
D. in the state of		
<u>Driveway Access</u> - NC Department of Transportation Driver		
I hereby certify that I have the authority to make necessary appliand that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if <u>any</u> changes occur number of bedrooms, building and trade plans, Environmental He changes, I certify it is my responsibility to notify the Harnett Cou any and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is is charged at full price per current fee schedule.	e Building, Electrical, Plumbing and I state the information on the above including listed contractors, site plan, ealth permit changes or proposed use nty Central Permitting Department of	
	1 1	
\sim	10/23/25	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensat	ion N.C.C.S. 07.44	
The undersigned applicant being the:	1011 N.C.G.S. 07-14	
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:		
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.		
$\frac{x}{\text{covering themselves}}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance		
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: Newco Construction of America, Inc.		
Sign w/Title: Desident	Date: 14/25/25	

*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

PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits COMMERCIAL

Owner's Name: Walmart RE Business Trust	Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	Phone: 479-330-2070
Directions to job site from Lillington:	
	-
Subdivision:	Lot:
Description of Proposed Work: Walmart Remodel	
Heated SF Unheated SF	
General Contractor Information: Building Cost \$	3,873,935.00
Newco Construction of America, Inc.	770-772-6963
Building Contractor's Company Name	Telephone
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwiley@newcoconstruction.com
Address	Email Address
\sim	59843
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost : Description of Work Service Size: _	Amps #T-Poles
Ponce Electric, Inc.	478-299-8158
Electrical Contractor's Company Name	Telephone
195 Bass Road, Swainsboro, GA 30401	bill@ponceelectricinc.com
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Contractor Information:	
Description of Work Upfit of 1 rtu and some duct work and air cu	rtains# Units 1
Place Services, Inc.	678-880-4777
Mechanical Contractor's Company Name	Telephone
201 Gateway Drive, Canton, GA 30115	daniel.leslie@psi.works
Address	Email Address
I We IN	29877
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License #
	A
Description of Work Upfit of bathrooms and some new pipe	# Baths 21
Place Services, Inc.	678-880-4777
Plumbing Contractor's Company Name	Telephone
201 Gateway Drive, Canton, GA 30115	ryan.mullaney@psi.works
Address	Email Address
of holy of the second	29877
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
N/A	
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Info	
Jasper Fire Protection, Inc.	205-717-0142
Sprinkler Contractor's Company Name	Telephone
1272 North Ridge Drive, Jasper, AL 35504	jasperfire@yahoo.com
Address	Email Address
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Info	256-353-7828
ICE Contractors	Telephone
Fire Alarm Contractor's Company Name	permits@icecontractors.net
1415 Kathy Lane SW, Decatur, AL 35601	Email Address
Address	Email / Idai 333
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Drive	way Access/Permit? Yes X No
I hereby certify that I have the authority to make necessary app and that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if <u>any</u> changes occur number of bedrooms, building and trade plans, Environmental He changes, I certify it is my responsibility to notify the Harnett Couany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee	In Ending Electrical, Plumbing and I state the information on the above including listed contractors, site plan, ealth permit changes or proposed use unty Central Permitting Department of
is charged at full price per current fee schedule.	, , , , , , , , , , , , , , , , , , , ,
\	
Δ	101 cs/25-
Signature of Owner/Contractor/Officer(s) of Corporation	Date Oder
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation The undersigned applicant being the:	
Affidavit for Worker's Compensation of the undersigned applicant being the:	
Affidavit for Worker's Compensation of the undersigned applicant being the:	tion N.C.G.S. 87-14 /Agent of the Contractor or Owner
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer Do hereby confirm under penalties of perjury that the person(s), the second contract of the second con	/Agent of the Contractor or Owner firm(s) or corporation(s) performing the work
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer Do hereby confirm under penalties of perjury that the person(s), set forth in the permit:	Agent of the Contractor or Owner firm(s) or corporation(s) performing the work ers' compensation insurance to cover them.
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer. Do hereby confirm under penalties of perjury that the person(s), set forth in the permit: Has three (3) or more employees and has obtained worker. Has one (1) or more subcontractors(s) and has obtained worker.	Agent of the Contractor or Owner firm(s) or corporation(s) performing the work ers' compensation insurance to cover them. evorkers' compensation insurance to cover
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer Do hereby confirm under penalties of perjury that the person(s), set forth in the permit: Has three (3) or more employees and has obtained worked Has one (1) or more subcontractors(s) and has obtained withem. Has one (1) or more subcontractors(s) who has their own	Agent of the Contractor or Owner firm(s) or corporation(s) performing the work ers' compensation insurance to cover them. evorkers' compensation insurance to cover policy of workers' compensation insurance
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer. Do hereby confirm under penalties of perjury that the person(s), set forth in the permit: Has three (3) or more employees and has obtained worked. Has one (1) or more subcontractors(s) and has obtained withem. Has one (1) or more subcontractors(s) who has their own covering themselves. Has no more than two (2) employees and no subcontractor. While working on the project for which this permit is sought it is understanding the permit may require certificates of coverage to issuance of the permit and at any time during the permitted work.	Agent of the Contractor or Owner firm(s) or corporation(s) performing the work ers' compensation insurance to cover them. workers' compensation insurance to cover policy of workers' compensation insurance ors. Inderstood that the Central Permitting ge of worker's compensation insurance prior
Affidavit for Worker's Compensation The undersigned applicant being the: X	Agent of the Contractor or Owner firm(s) or corporation(s) performing the work ers' compensation insurance to cover them. workers' compensation insurance to cover policy of workers' compensation insurance ors. Inderstood that the Central Permitting age of worker's compensation insurance prior

*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

Owner's Name: Walmart RE Business Trust		Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	Phone:	479-330-2070
Directions to job site from Lillington:		
Subdivision:	Lot:	
Description of Proposed Work: Walmart Remodel		
Hosted SE Unheated SF	2 272 025 00	
General Contractor Information: Building Cost \$_		
Newco Construction of America, Inc.	770-772-6963	
Building Contractor's Company Name	Telephone	
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwiley@newcoo	construction.com
Address	Email Address	
	59843	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost S	License #	
Description of Work Service Size: _	Amps	#T-Poles
Ponce Electric, Inc.	478-299-8158	
Electrical Contractor's Company Name	Telephone	
195 Bass Road, Swainsboro, GA 30401	bill@ponceelect	ricinc.com
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical Co	ost \$	-
Description of Work	# Units	
Place Services, Inc.	678-880-4777	
Mechanical Contractor's Company Name	Telephone	
201 Gateway Drive, Canton, GA 30115	daniel.leslie@p	si.works
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License #	_
Description of Work	# Baths	
Place Services, Inc.	678-880-4777	
Plumbing Contractor's Company Name	Telephone	
201 Gateway Drive, Canton, GA 30115	ryan.mullaney@	psi.works
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
N/A		
Insulation Contractor's Company Name & Address	Telephone	

Sprinkler Contractor Information		
Jasper Fire Protection, Inc.	205-512-4895	
Sprinkler Contractor's Company Name	Telephone	
128 Hollis Crump Drive, Jasper, AL, 35501	jasperfire@yahoo.com	
Address	Email Address	
Spencer Brown	L.33783	
Signature of Officer(s) of Corporation	License #	
Fire Alarm Contractor Info		
ICE Contractors	256-353-7828	
Fire Alarm Contractor's Company Name	Telephone	
1415 Kathy Lane SW, Decatur, AL 35601	permits@icecontractors.net	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
<u>Driveway Access</u> - NC Department of Transportation Drivey		
I hereby certify that I have the authority to make necessary appliand that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if any changes occur number of bedrooms, building and trade plans, Environmental He changes, I certify it is my responsibility to notify the Harnett Courany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is is charged at full price per current fee schedule.	I state the information on the above including listed contractors, site plan, ealth permit changes or proposed use nty Central Permitting Department of	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
	N O C C 07 44	
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:		
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.		
	rs' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained withem.		
Has one (1) or more subcontractors(s) and has obtained w	orkers' compensation insurance to cover	
Has one (1) or more subcontractors(s) and has obtained withem. X Has one (1) or more subcontractors(s) who has their own processes the subcontractors of	corkers' compensation insurance to cover	
Has one (1) or more subcontractors(s) and has obtained withem. X Has one (1) or more subcontractors(s) who has their own provering themselves.	vorkers' compensation insurance to cover coolicy of workers' compensation insurance rs. Inderstood that the Central Permitting the of worker's compensation insurance prior	
Has one (1) or more subcontractors(s) and has obtained we them. X Has one (1) or more subcontractors(s) who has their own provering themselves. Has no more than two (2) employees and no subcontractor While working on the project for which this permit is sought it is under the permit is suing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted wo carrying out the work.	vorkers' compensation insurance to cover coolicy of workers' compensation insurance rs. Inderstood that the Central Permitting the of worker's compensation insurance prior	
Has one (1) or more subcontractors(s) and has obtained we them. X Has one (1) or more subcontractors(s) who has their own provering themselves. Has no more than two (2) employees and no subcontractor While working on the project for which this permit is sought it is usually be permit is suing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted wo carrying out the work.	vorkers' compensation insurance to cover coolicy of workers' compensation insurance rs. Inderstood that the Central Permitting the of worker's compensation insurance prior	

*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

Owner's Name: Walmart RE Business Trust		Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	Phone:	479-330-2070
Directions to job site from Lillington:		
Subdivision:	Lot:	
Description of Proposed Work: Walmart Remodel		
Heated SF Unheated SF Building Cost \$ _	3,873,935.00	
Newco Construction of America, Inc.	770-772-6963	
Building Contractor's Company Name	Telephone	
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwiley@newcoo	onstruction.com_
Address	Email Address	
	59843	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Electrical Contractor Information: Electrical Cost Superinted	Amns	- #T-Poles
	478-299-8158	#1-1 0103
Ponce Electric, Inc.	Telephone	
Electrical Contractor's Company Name	bill@ponceelect	ricinc com
195 Bass Road, Swainsboro, GA 30401	Email Address	110110.00111
Address	Lillali Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical C		_
Description of Work	# Units	
Place Services, Inc.	678-880-4777	
Mechanical Contractor's Company Name	Telephone	
201 Gateway Drive, Canton, GA 30115	daniel.leslie@p	si.works
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Information: Plumbing Cost	\$	-
Description of Work	# Baths	
Place Services, Inc.	678-880-4777	
Plumbing Contractor's Company Name	Telephone	
201 Gateway Drive, Canton, GA 30115	ryan.mullaney@	psi.works
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	AND THE RESIDENCE OF THE PARTY
	W. G. 1998 W.	
Insulation Contractor Information N/A		
Insulation Contractor's Company Name & Address	Telephone	
modiation contractor a company reality a reality		

Sprinkler Contractor Information		
Jasper Fire Protection, Inc.	205-717-0142	
Sprinkler Contractor's Company Name	Telephone	
1272 North Ridge Drive, Jasper, AL 35504	jasperfire@yahoo.com	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
Fire Alarm Contractor Inform	nation	
ICE Contractors	256-353-7828	
Fire Alarm Contractor's Company Name	Telephone	
1415 Kathy Lane SW, Decatur, AL 35601	permits@icecontractors.net	
Address Austin Smith	Email Address	
Tublin Brown	U.34161	
Signature of Officer(s) of Corporation	License #	
<u>Driveway Access</u> - NC Department of Transportation Drivewa	y 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.		
Signature of Owner/Contractor/Officer(s) of Corporation	Date Table 2000 100 100 100 100 100 100 100 100 10	
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:		
x General Contractor Owner Officer/Ag	ent 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: Newco Construction of America, Inc.		
X	1.1- 1	
Sign w/Title:	Date: 10/23/25	