"Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must metch information on state license.

Application # BCom . 2502.000 3

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 66 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Owner's Name: Mastinez Commercial Profe	ities Date: 3/10/202.
TOR TORA FUELLE VALLE	G. NC Phone 919-346-152
irrections to job site from Lillington: NC 401 North to J	rea De Hen
irections to job site from Lillington: 14C 901 1401 The 10 9	
Kight to 308	
subdivision: Jarrell Co LLC	Lot:
description of Proposed Work: New Commercial Ward	chouse
leated SF 7/19 Unheated SF 4349	
General Contractor Information: Building Cost \$	2,100,000
Triangle Home Pros LLC	
duilding Contractor's Company Name	Telephone THIHomes@Gma.l. Com
6312 Laurete LN Fugury Vering NC	THPHOMESENGMENT. Com
Address	Email Address
	77019
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost	\$
Description of Work Service Size:	Amps #T-Poles
lectrical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical C	ost \$ <u>Awywo</u>
Description of Work Mechanical New Commercial Warehous	e_#Units
J& M Heating & Airconditioning Inc	910-897-5501
Mechanical Contractor's, Company Name	Telephone . B Autry @ my Yaha. Con
724 Turlington Rid, Dunn NC	BAUTTY(d)my Yahas. Col
Address // / / / /	Email Address
Hont Johnson	17164
Signature of Owner/Cortifactor/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	a- 945-1919
Chief Buildings Grand Island, NE	800-845-1767
nsulation Contractor's Company Name & Address	Telephone

*NOTE: General Contractor must fill out and sign the second page of this application

"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 # BCOM 2502 000 3

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: Martinez Commercial	Properties Date: 3/12/2025
Site Address: 308 Jarre DR Fuguey	Val. AG NC Phone: 9/9-346-1578
Directions to job site from Lillington: NC 401 North	to Juseo DR then
Kight to 308	
1 CUT 10 DOS	
1100110	
Subdivision: Jarrell Co LLC	Lot:
Description of Proposed Work: New Commercial	Evalehous C
Heated SF 7/19 Unheated SF 4349	3 /
General Contractor Information: Building	Gost \$ 2,100,000
I riangle Home Plos LLC	9/9-346-1528
Building Contractor's Company Name	Telephone
6312 Laurece LN Fugury Valing NC	THPHOM-SEVE-Mallom
Address	Email Address
	71019
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical	ical Cost \$ /50,000
Description of Work Electric New Comm WHas: Servi	
NEC POWET	919-608-3826
Electrical Contractor's Company Name	Telephone
117 Wild Blossom DR, Apr NC	Mike ENECPOWEL. CON
Address /) /)	Email Address
× // W // //	283700
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mec	
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: Plumb	ping Cost \$
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	Licensø #
Insulation Control of	
Chief Buildings Grand Island, NE	800 - 845 - 176 7
Inculation Contractor's Produce Alexand Address	The state of the s
I CAMBRICA CARRIESTED SALABITED IV I WILLIE CA MARIESS	Telephone

*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.

Harnett Count 420 McKinney Pl PO Box 65 10-893-7525 ext. 1 Fax: 910-893-7525 ext. 910-893-9525 ext.

Application # BCom. 2502,000 3

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 a	nd trades remitt
Owner's Name: Martinez Commercia	c/ Properfies Date: 3/13/2025
ZOS TOCO NA FUGUE	V Valing NC Phone: 419-346-1528
Directions to lob site from Illington: NC 40/ Not H	h to varoo WK then
Right to 308	
Subdivision: Jarrell Co LLC Description of Proposed Work: New Commerce	lat. 1
Subdivision: 10 FFEII CO ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	11/20/200
Description of Proposed Work: New Commerci	al Maisters C
leated SF ///9 Unheated SF 4349	2/02/000
General Contractor Information: Building Contractor's Company Name 63/2 Lauraca LN, Fuguey Vering NC Address	9/6 20/ -15 28
l rangle Home Plas ECC	Telephone
Sullding Contractor's Company Name	THPHOMESEOGMEN. Com
Addrage d	Email Address
	77019
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Contractor Information: Electrical Contractor Information: Some Security of Contractor Information: Electrical	ectrical Cost \$
Description of WorkS	BIVICA SizeAmps #1-1 Glad
Electrical Contractor's Company Name	Telephone
Electrical Contractor's Company Remo	
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information:	Mechanical Cost \$
Description of Work	# Units
Mechanical Contractor's Company Name	Telephone
	Email Address
Address	Cilial Vagless
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Pl	umbing Cost \$ 50,000
Description of Work Plumb New Commercial	Warchouse #Baths 6
Romanoff Group	9/9-678-01/1
Roman off Group Plumbing Contractor's Company Name	Talanhana
2428 Reliance Ave, Alex NC	VSnipes @ RomanoffChe Email Address
Address	Email Address
Chu AMA	29022
Signature of Owner/Contractor/Officer(s) of Corporation	Licelise #
Insulation Contractor	Information
Chief Buildings Grand Island, NE	800-845-1767
Insulation Contractor's Company Name & Address	Telephone



Sprinkler Contractor Information		
NIA	The state of the s	
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	
Address	Liliali 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 menths 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.	3/12/2025	
	1/12/2023	
Signature of Owner/Contractor/Officer(s) of Corporat	on 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 obt	ained 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	as 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		
Sign w/Title:	ident Date: 3/12/2025	