\*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: Hut Carolina, LL	.C / Flynn Group		Date: 05/06/2025
Site Address: 185 Mittie Haddock D	Dr., Cameron, NC 28326	Phone:	336-287-7705
Directions to job site from Lillington: Overhills Rd and NC-24 W/NC-87 N Mittie Haddock Dr			
Subdivision: None; Parcel # 958	5-60-1624.000; Tract #039568 0	094 06 Lot:	None
Description of Proposed Work: Re	emodel former therapy space into	new Pizza Hut	
	ated SF0		
General Contr	actor Information: Building Cos	t \$ <u>443,352.76</u>	
DunRite, Inc.		757-337-0267	office
Building Contractor's Company Nar	ne	Telephone	
714 Fenway Ave., Chesapeake, V	A 23323	matt@dunriteu:	
Address		<b>Email Address</b>	
Marth	Matthew Kelly, PM	74845 - Copy	Attached
Signature of Owner/Contractor/Offic	cer(s) of Corporation	License #	
Description of Work Wiring per pla	tractor Information: Electrical C	OSI \$ <u>28,500.00</u>	- #T-Poles
	da / specs	919-776-5144	,, , , , oldo
J. M. Pope Electric, LLC Electrical Contractor's Company Na	ame	Telephone	
409 Chatham St., Sanford, NC 27		,	A Compail comp
Address	330-4002	Email Address	4@gmail.com / dmfrazer74@gmail.com
Marshall pope	James Marshall Pope	21326	annazon i@gman.com
Signature of Owner/Contractor/Office	cer(s) of Corporation	License #	
Mechanical Co	ntractor Information: Mechanica	al Cost \$ <u>\$74,500.00</u>	_
Description of WorkHVAC Instal	lation	# Units	2
Gaston HVAC, Inc.		828-817-602	6
Mechanical Contractor's Company	Name	Telephone	
1845 Smith Waldrop Rd., Mill Spi	ring, NC 28756	gastonhvacinc(	@gmail.com
Address Mark Mazzilli		Email Address	141
Mark Mazzilli (May 8, 2025 11:30 EDT)	Mark Mazzilli	29130	
Signature of Owner/Contractor/Office Plumbing Cont	cer(s) of Corporation tractor Information: Plumbing C	License # ost \$ <u>55,650.00</u>	_
Description of Work Plumbing upo	grades	# Baths	1
Auman Plumbing, LLC		910-818-3244	
Plumbing Contractor's Company Na	ame	Telephone	
1606 Crescent Dr., Spring Lake, NC 28390		aumanplumbing	llc@gmail.com
Address		Email Address	aumanplumbing.office@gmail.com
Bryce Auman	Bryce Auman	36211	
Signature of Owner/Contractor/Office	cer(s) of Corporation	License #	
!	nsulation Contractor Informati	<u>on</u>	
N/A to this project		N/A To this p	roject
Insulation Contractor's Company Name & Address		Telephone	

Sprinkler Contractor Information				
J&D Sprinkler Company, Inc.	919-553-2356			
Sprinkler Contractor's Company Name	Telephone			
315 W. Main St., Clayton, NC 27520	bob@jdsprinkler.com			
Address	Email Address			
Eob Weaver (Jun 2, 2025 14:36 (UT)	16269 FS			
Signature of Officer(s) of Corporation License #				
Fire Alarm Contractor Info	W. Address Control of the Control of			
N/A To this project	N/A To this project			
Fire Alarm Contractor's Company Name	Telephone			
N/A To this project	N/A To this project			
Address	Email Address			
N/A To this project	N/A To this project			
Signature of Officer(s) of Corporation	License #			
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?Yes _XX_ 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 <a href="mailto:any">any</a> 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.				
Matthew Kelly, PM 05/06/2025				
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:				
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.				
sarrying out the work.	rk from any person, firm or corporation			
Company or Name: DunRite, Inc.	rk from any person, firm or corporation			