

*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: Forestar (USA) Real Estate Group Inc. Date: 4/22/2025

Site Address: BETHEL BAPTIST ROAD (SR 2048) PIN # 0524-13-5613 & 0524-13-8553 Phone: 919-676-0303

Directions to job site from Lillington: _____

1. Head south on S 1st St. Go for 305 ft. 2. Turn right onto E Ivey St. Go for 436 ft. 3. Turn left onto S Main St (US-401). Go for 0.5 mi. 4. Turn right onto NC 210 S (NC-210). Go for 2.6 mi. 5. Continue on NC Highway 210 S (NC-210). Go for 9.4 mi. 6. Turn left onto Bethel Baptist Rd. Go for 2.0 mi.

Subdivision: N/A Lot: N/A

Description of Proposed Work: Install retaining walls per plans and specs

Heated SF 0 Unheated SF 539
General Contractor Information: Building Cost \$ 21,582.00

Sitescapes, LLC 919-676-0303

Building Contractor's Company Name Telephone

312 W. Millbrook Rd., Ste. 237, Raleigh, NC 27609 beverly@venture-e.com

Address Email Address

Brian Mondsehein 70580

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name Telephone

N/A 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

N/A 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

N/A 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

Sprinkler Contractor's Company Name

N/A

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

N/A

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.

Brian Mondshein

Signature of Owner/Contractor/Officer(s) of Corporation

4/22/2025

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.

____ 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: Sitescapes, LLC

Sign w/Title: *Beverly Spersrud (project admin.)*

Date: 4/22/2025