*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: Pleasant Plains Community Church Date: 06-02-2025

Site Address: 174 Boykin Road, Lillington, NC Phone: 919-818-1652

Directions to job site from Lillington: _____

off of Sheriff Johnson Road

Subdivision: N/A Lot: N/A

Description of Proposed Work: Demo existing roof trusses and repair per Engineer Desig

Heated SF 2156 Unheated SF Ø

General Contractor Information: Building Cost $ 120,000.00

Champion Custom Homes, LLC — 919-422-6559
Building Contractor's Company Name — Telephone

12613 Old Creedmoor Rd., Raleigh, NC — Championcustomhomes@gmail.com
Address — Email Address

Dan W. Weeks — 76364
Signature of Owner/Contractor/Officer(s) of Corporation — License #

Electrical Contractor Information: Electrical Cost $ 9,000.00

Description of Work Remove existing electrical lines and install new. Service Size: _____ Amps #T-Poles ____

GEC Electric — 919-894-4404
Electrical Contractor's Company Name — Telephone

PO Box 957, Benson, NC 27504 — GECelectricincbensonnc@gmail.com
Address — Email Address

Eric Coker — 19589-L
Signature of Owner/Contractor/Officer(s) of Corporation — License #

Mechanical Contractor Information: Mechanical Cost $ 4,100.00

Description of Work Remove existing supply + flex. Install New Units

B+J Heat and Air Services — 910-893-8057
Mechanical Contractor's Company Name — Telephone

PO Box 577, Angier, NC — _____
Address — Email Address

Stephen Andrews — 20380
Signature of Owner/Contractor/Officer(s) of Corporation — License #

Plumbing Contractor Information: Plumbing Cost $ _____

Description of Work N/A # Baths _____

_____ — _____
Plumbing Contractor's Company Name — Telephone

_____ — _____
Address — Email Address

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

Insulation Contractor Information

Tina's Insulation — 919-633-0587
Insulation Contractor's Company Name & Address — Telephone

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

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.

Champion Custom Homes, LLC
Signature of Owner/Contractor/Officer(s) of Corporation _____ 06-02-2025 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.

__X__ 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: Champion Custom Homes, LLC

Sign w/Title: _____ Date: 06-02-2025