

*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 # CPSN12-50028182

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: PMG CAROLINAS LLC Date: 12/09/2025

Site Address: 1360 NC 24-87 CAMERON NC 28326 Phone: 410-652-3693

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: INTERIOR CONSTRUCTION ONLY: RENOVATION OF A ONE STORY, CONVENIENCE STORE BUILDING. REMOVE THE EXISTING TENANT FINISHES FROM THE STORE AND UPDATE INTERIOR CONSTRUCTION AS REQUIRED TO REBRAND STORE TO A 7-11.

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 140,000

Presmont Fuel Systems LLC 813.892.3015

Building Contractor's Company Name 813.892.3015

7913 Outerbridge St., Wesley Chapel, FL 33545 Telephone 813.892.3015

Address 7913 Outerbridge St., Wesley Chapel, FL 33545 Email Address Cmarino@premontcs.com

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 107441

Electrical Contractor Information: Electrical Cost \$ 25,000

Description of Work Interior Uplift Rework Service Size: _____ Amps #T-Poles _____

ENGLISH BARTON ELECTRIC LLC 910-740-2231

Electrical Contractor's Company Name 910-740-2231

242 MODEST RD MAXTON, NC 28364 Telephone 910-740-2231

Address 242 MODEST RD MAXTON, NC 28364 Email Address adamnspencer@live.com

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # L. 31637

Mechanical Contractor Information: Mechanical Cost \$ 10,000

Description of Work Interior Uplift Rework # Units _____

ConServ Building Services 980-722-5202

Mechanical Contractor's Company Name 980-722-5202

6350 118th Ave N Largo FL 33773 Telephone 980-722-5202

Address 6350 118th Ave N Largo FL 33773 Email Address jbowman@conservonline.com

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 32180

Plumbing Contractor Information: Plumbing Cost \$ 25,000

Description of Work Plumbing Work # Baths _____

Woods Plumbing Service LLC 910-920-3908

Plumbing Contractor's Company Name 910-920-3908

1234 Gillespie St Fayetteville NC 28306 Telephone 910-920-3908

Address 1234 Gillespie St Fayetteville NC 28306 Email Address woodsplumbingllc@gmail.com

Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License # 33076 Class P1

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

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

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 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

06/18/2025

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 obtained workers' compensation insurance to cover them.

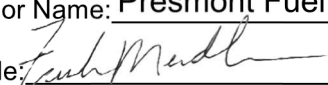
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Presmont Fuel Systems LLC

Sign w/Title:  Owner

Date: 12.5.25