

*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

6.30.25
RECEIVED

Owner's Name: Sense Limited 1995 FAMILY Limited Partnership Date: 6-30-25
Site Address: 3607 Hodges Chapel Rd Dunn NC Phone: 919-818-5897
Directions to job site from Lillington: 421 to 95N Exit Hodges Chapel Rd to Left
Cross Bridge building on Right

Subdivision: NA Lot: _____

Description of Proposed Work: Repair Storm Damage

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 260,000⁰⁰

Sundaw Renovations Inc
Building Contractor's Company Name

PO Box 2474 Dunn NC 28335
Address

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

910-891-8569
Telephone

Sundaw-Renov@Yahoo.com
Email Address

54792
License #

Electrical Contractor Information: Electrical Cost \$ 2500⁰⁰

Description of Work: Examine BUILDING
CHRIS SINCLAIR Elec LLC

Electrical Contractor's Company Name
201 Glover Rd Dunn NC 28334

Address
Chris Sinclair

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

Service Size: 3 Phase Amps #T-Poles _____
EXISTING 910-892-0090

Telephone

Email Address
27819-L

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____

Address _____ Telephone _____

Address _____ 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 _____

Address _____ Telephone _____

Address _____ Email Address _____

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

Insulation Contractor Information

NA
Insulation Contractor's Company Name & Address _____

Address _____ Telephone _____

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

*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.

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

Date

6-30-25

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: SUNDAUG RENOVATIONS, INCSign w/Title: OWNERDate: 6-30-25