



*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
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Five N Two ministries Date: 8/21/25
Site Address: 17247 NC-27, Sanford, NC 27332 Phone: 919-343-3000
Description of Proposed Work: _____

General Contractor Information: Building Cost \$ \$250,000.00

Five N Two Food Pantry Board
Building Contractor's Company Name Telephone 910-303-7209

P.O. Box 185, Olivia, NC 28368
Address Email Address director@5n2.org

[Signature] President of Board License # N/A
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information: Electrical Cost \$ \$24,000.00

Description of Work New meter/panel and branch circuits Service Size: 400 Amps #T-Poles 0

G3 Electrical Services Inc.
Electrical Contractor's Company Name Telephone 910-523-7407

5086 wren way Sanford, NC 27332
Address Email Address G3electricalsvc@gmail.com

[Signature] - CEO License # 37419
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical Contractor Information: Mechanical Cost \$ 22,049.00

Description of Work HVAC + Duct system # Units 1

King Heating + Air
Mechanical Contractor's Company Name Telephone 919-895-3600

232 Wilson Rd Sanford, NC 27332
Address Email Address Kinghtgair1895@gmail.com

[Signature] License # 36795
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone _____

Address Email Address _____

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

Insulation Contractor Information

N/A Telephone _____
Insulation Contractor's Company Name & Address

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



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Building Contractor's Company Name

P.O. Box 185, Olivia, NC 28368 Email Address director@5n2.org
Address

Steve O'Phar President of Board License # N/A
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information: Electrical Cost \$ \$24,000.00

Description of Work New meter/panel and branch circuits Service Size: 400 Amps #T-Poles 0

G3 Electrical Services Inc. Telephone 910-523-7407
Electrical Contractor's Company Name

5086 wren way Sanford, NC 27332 Email Address G3electricalsvc@gmail.com
Address

M. M. White - CEO License # 37419
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ \$51,360.00

Description of Work Plumbing work in 72 room out # Baths 1

Fix-17 Plumbing Services, Inc. Telephone 919-576-7870
Plumbing Contractor's Company Name

PO Box 2416, Sanford, NC 27331 Email Address OFFICE@FIX17PLUMBINGNC.COM
Address

[Signature] License # 533921 15229
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

N/A Telephone _____
Insulation Contractor's Company Name & Address

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



SPRINKER CONTRACTOR INFORMATION

N/A

Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

N/A

Fire Alarm Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES NO

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 all changes.

EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

[Signature] for *SN2 Ministries, Inc.* 12/22/25
Signature of Owner/Contractor/Officer of Corp. 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- Has 3 or more employees and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,
- Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,
- Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

[Signature] for *SN2 Ministries, Inc.* 12/22/25
Signature of Owner/Contractor/Officer of Corp. Date