

*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

Application for Building and Trades Permit

Owner's Name: UPS Store Date: 8/5/25

Site Address: 181 Mittie Haddock Dr Cameron NC Phone: _____

Directions to job site from Lillington: 28326

IN the PLAZA with Food Lion

Subdivision: _____ Lot: _____

Description of Proposed Work: UPFit

Heated SF 1750 Unheated SF 0

General Contractor Information: Building Cost \$ 80,000

Commercial Construction Contractors 910-303-7683
Building Contractor's Company Name Telephone

584 Executive Pl Ste 102 Fay NC 28305 ccc.cccbuildnc.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License # 105030

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

Chris Rowe Electric 910-835-4033
Electrical Contractor's Company Name Telephone

1457 Hayes Rd, Spring Lake NC 28390 Chris.Roweelect@yahoo.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License # 7510

Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work upfit # Units _____

James Hayes Heating & AC Inc 910-624-7157
Mechanical Contractor's Company Name Telephone

5349 S. FORTY Drive Hope Mills NC 28348 jameshayesheatac@gmail.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License # 20051H3Class1

Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work UPFit # Baths _____

Dell Haire Plumbing 910-429-9939
Plumbing Contractor's Company Name Telephone

PO Box 65048 Fayetteville NC 28306 Dellhaireplumbing@hotmail.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License # 32886

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

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 _____

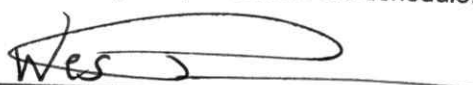
Signature of Officer(s) of Corporation _____

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 _____

Date 8/5/25

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: Commercial Construction Contractors

Sign w/Title: Wesley President

Date: 8/5/25