*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: HARNETT AIR, LLC Date: 8-21-25

Site Address: 497 AIRPORT RD Phone: 910-485-5790

Directions to job site from Lillington: EAST ON HWY 421, TURN RIGHT ON AIRPORT RD. APPROXIMATELY ½ MILE ON LEFT

Subdivision: N/A Lot: _____

Description of Proposed Work: ADDING PRIVATE RESTROOM

Heated SF 192 Unheated SF _____

General Contractor Information: Building Cost $ — $20,000.00

HIGHLAND PAVING CO., LLC — 910-485-5790
Building Contractor's Company Name — Telephone

P.O. BOX 1843 FAYETTEVILLE NC. 28302 — ROSTENDORF@HIGHLANDPAVING.COM
Address — Email Address

Signature of Owner/Contractor/Officer(s) of Corporation — 55505 License #

Electrical Contractor Information: Electrical Cost $ $5000

Description of Work LIGHTINGS, RECEPTICLES Service Size: _____ Amps #T-Poles ____

L & M ELECTRIC INC — 919-772-3356
Electrical Contractor's Company Name — Telephone

13679 CLEVELAND RD. GARNER, NC 27529 — _____
Address — Email Address

Signature of Owner/Contractor/Officer(s) of Corporation — 5830-U License #

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 $ _____

Description of Work INSTALL 2 SINKS + COMODE # Baths 1

MLS PLUMBING CO INC — 910-484-1124
Plumbing Contractor's Company Name — Telephone

784 GENTRY RD ERWIN NC — MLSPLUMBING@HOTMAIL.COM
Address — Email Address

Michael Smith — 28833 P1
Signature of Owner/Contractor/Officer(s) of Corporation — License #

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

N/A
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: 8-21-25

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: HIGHLAND PAVING CO., LLC

Sign w/Title: Project Manager Date: 8-21-25