



strong roots • new growth

CentralPermitting@Harnett.org  
(910) 893-7525 ext:1  
420 McKinney Pkwy (physical)  
PO Box 65 (mailing)  
Lillington, NC 27546

### COMMERCIAL BUILDING APPLICATION

Site Address: 215 Brightwater Dr. Lillington, NC 27546 PIN: 0651-70-1090.000

Owner: Harnett Health System Inc Phone: (910)892-1000 Email: tpepe@capefearvalley.com

Description of Proposed Work: Renovation of Central Sterile Processing Department Total Job Cost: \$ 753,038.47

#### GENERAL CONTRACTOR INFORMATION

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

Blake Contracting LLC

(704)689-0750

General Contractor's Company Name

Phone

1994 Remount Rd. Gastonia, NC 28054

blake@blakegc.com

Address

Email

66279

  
Blake Skarpalezos  
President/CEO  
Blake Contracting, LLC  
Signature of Owner/Contractor/Officer of Corp.

\$ 163,089.21  
**Building Cost** (excluding trades)

License #

#### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Provide labor and material to renovate CSPD Service Size: \_\_\_\_\_ Amps T-Poles: YES  NO

OSS Contracting LLC

(854)600-9506

Electrical Contractor's Company Name

Phone

733 Dogwood Ln. North Myrtle Beach, SC 29582

michael.scott@osscontracting.com

Address

Email

33501

Signature of Owner/Contractor/Officer of Corp.

\$ 48,300.00  
**Electrical Cost**

License #

#### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Provide labor and material to renovate CSPD # of Units: \_\_\_\_\_

OSS Contracting LLC

(854)600-9506

Mechanical Contractor's Company Name

Phone

733 Dogwood Ln. North Myrtle Beach, SC 29582

michael.scott@osscontracting.com

Address

Email

34655

Signature of Owner/Contractor/Officer of Corp.

\$ 138,900.00  
**Mechanical Cost**

License #

#### PLUMBING CONTRACTOR INFORMATION

Description of Work: Provide labor and material to renovate CSPD # of Baths: \_\_\_\_\_

OSS Contracting LLC

(854)600-9506

Plumbing Contractor's Company Name

Phone

733 Dogwood Ln. North Myrtle Beach, SC 29582

michael.scott@osscontracting.com

Address

Email

34655

Signature of Owner/Contractor/Officer of Corp.

\$ 48,200.000  
**Plumbing Cost**

License #

#### REFRIGERATION CONTRACTOR INFORMATION

N/A

Refrigeration Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

**APPLICATION CONTINUES ON BACK**



**SPRINKLER CONTRACTOR INFORMATION**

Fire Pro Services

(919) 793-8380

Sprinkler Contractor's Company Name  
1400 Little Buffalo Creek Rd. Mount Pleasant NC 28124  
Address  
L23317  
License #

Phone  
jimmy@fireproservicesllc.com  
Email  
  
Signature of Owner/Contractor/Officer of Corp.

**FIRE ALARM CONTRACTOR INFORMATION**

Fire Alarm Contractor's Company Name  
Address  
License #

Phone  
Email  
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.**

  
Blake Skarpalezos  
President/CEO  
Blake Contracting, LLC  
Signature of Owner/Contractor/Officer of Corp.

12-03-25  
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.

  
Blake Skarpalezos  
President/CEO  
Blake Contracting, LLC  
Signature of Owner/Contractor/Officer of Corp.

12-03-25  
Date