



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: C W MATTHEWS RD NC, Harnett County PIN: 0653-92-2126.000

Owner: Red Pill Partners LLC Phone: 704-238-1229 Email: wlozaw@truehomesusa.com

Description of Proposed Work: Install Segmental Block Retaining Wall #1 Total Job Cost: \$ 1,290.00

GENERAL CONTRACTOR INFORMATION

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

<u>Retaining Wall Solutions</u> General Contractor's Company Name	<u>919-414-9244</u> Phone	
<u>112 Wheaton Avenue, Suite B, Youngsville, NC 27596</u> Address	<u>bryba@retainingwallsolutionsnc.com</u> Email	
<u>86925</u> License #	<u>Signature of Owner/Contractor/Officer of Corp.</u>	\$ <u>1,290.00</u> Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: _____ Service Size: _____ Amps T-Poles: YES NO

_____	_____	
Electrical Contractor's Company Name	Phone	
_____	_____	
Address	Email	
_____	_____	\$ _____
License #	Signature of Owner/Contractor/Officer of Corp.	Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____ # of Units: _____

_____	_____	
Mechanical Contractor's Company Name	Phone	
_____	_____	
Address	Email	
_____	_____	\$ _____
License #	Signature of Owner/Contractor/Officer of Corp.	Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Baths: _____

_____	_____	
Plumbing Contractor's Company Name	Phone	
_____	_____	
Address	Email	
_____	_____	\$ _____
License #	Signature of Owner/Contractor/Officer of Corp.	Plumbing Cost

REFRIGERATION CONTRACTOR INFORMATION

_____	_____
Refrigeration Contractor's Company Name	Phone
_____	_____
Address	Email
_____	_____
License #	Signature of Owner/Contractor/Officer of Corp.

APPLICATION CONTINUES ON BACK



SPRINKLER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

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 of Owner/Contractor/Officer of Corp.

1/14/2026
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

X 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:

X 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,

X 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 of Owner/Contractor/Officer of Corp.

1/14/2026
Date