



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: 6670 Old US 421 Lillington NC PIN: \_\_\_\_\_

Owner: Antioch Baptist Church Phone: 910-893-5984 Email: abcnumbersnc@gmail.com

Description of Proposed Work: Metal Buildings Shell Total Job Cost: \$250,000.00

#### GENERAL CONTRACTOR INFORMATION

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

Lebro Construction INC Phone: 910-893-3331  
General Contractor's Company Name

1123 Raven Rock Road, Lillington NC Email: jim.lebro@att.net  
Address

14852 License # Signature of Owner/Contractor/Officer of Corp. \$230,000.00 Building Cost (excluding trades)

#### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Service & Minimum Code Requirements for Shell Building, Service Size: 400 Amps T-Poles: YES  NO

Hogue Electric Company Inc Phone: 910-890-2536  
Electrical Contractor's Company Name

2951 McDonald Rd Lillington NC Email: ahogue@prodigy.net  
Address

4424-4 License # Signature of Owner/Contractor/Officer of Corp. \$10,000.00 Electrical Cost

#### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: N/A # 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: Underground Slab Prep # of Baths: 4

Double J Plumbers Phone: 910-814-7705  
Plumbing Contractor's Company Name

614 Byrd Rd Bunn level Email: jamiejohnsonplumbing@gmail.com  
Address

21649 License # Signature of Owner/Contractor/Officer of Corp. \$10,000.00 Plumbing Cost

#### REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name N/A Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

License # \_\_\_\_\_ Signature of Owner/Contractor/Officer of Corp. \_\_\_\_\_



**SPRINKLER CONTRACTOR INFORMATION**

Sprinkler Contractor's Company Name N/A  
Address \_\_\_\_\_  
License # \_\_\_\_\_

Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp. \_\_\_\_\_

**FIRE ALARM CONTRACTOR INFORMATION**

Fire Alarm Contractor's Company Name N/A  
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.

*Lyle Wayne*  
Signature of Owner/Contractor/Officer of Corp.

3-25-26  
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.

*Lyle Wayne*  
Signature of Owner/Contractor/Officer of Corp.

3-25-26  
Date