

\*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 for Building and Trades Permit**

Owner's Name: Campbell University Date: \_\_\_\_\_

Site Address: 205 Day Dorm Rd Lillington, NC Phone: 910-893-1200

Directions to job site from Lillington: Take 421 to Buies Creek, Left onto Main Street, Left onto Burt Street, Left onto Day Dorm Rd and then park in parking lot behind Pharmacy Building adjacent to Carter Gymnasium.

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Build 4 New Offices in Existing Open Office area as shown.

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 50,000

Southeastern Construction of Buies Creek, LLC 910-814-0990

Building Contractor's Company Name Telephone

PO Box 157 Buies Creek, NC 27506 michael@si-nc.com

Address Email Address

\_\_\_\_\_  
62649

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

**Electrical Contractor Information:** Electrical Cost \$ 10,000

Description of Work Electrical per Plans Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Young's Electric Inc. 919-639-2297

Electrical Contractor's Company Name Telephone

PO Box 398 / Angier, NC 27501 lemuel@youngselectric.com

Address Email Address

\_\_\_\_\_  
04504-U

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

**Mechanical Contractor Information:** Mechanical Cost \$ 10000

Description of Work Rework Existing Ductwork and diffusers as required # Units \_\_\_\_\_

Young's Electric Inc. 919-639-2297

Mechanical Contractor's Company Name Telephone

PO Box 398 / Angier, NC 27501 lemuel@youngselectric.com

Address Email Address

\_\_\_\_\_  
#4469

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

**Plumbing Contractor Information:** Plumbing Cost \$ 8500

Description of Work Plumbing per Plans # Baths \_\_\_\_\_

Youngs Heating and Electric 919-639-2297

Plumbing Contractor's Company Name Telephone

PO Box 398 / Angier, NC 27501 \_\_\_\_\_

Address Email Address

\_\_\_\_\_  
4469

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

**Insulation Contractor Information**

Insulation Inc. \_\_\_\_\_

Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor must fill out and sign the second page of this application**

**Sprinkler Contractor Information**

Carolina Fire Protection

Sprinkler Contractor's Company Name  
PO Box 250 Dunn, NC 28335

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address  
FS-23679

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 \_\_\_\_\_

**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: Southeastern Construction of Buies Creek, LLC.

Sign w/Title: \_\_\_\_\_ Date: \_\_\_\_\_