

COMMERCIAL BUILDING APPLICATION

Site Address: 65 Jarco Dr. Fuquay-Varina, NC 27526 PIN: 0654-68-0039.000
Owner: TFD, Inc. Phone: 919-601-9034 Email: john@associatedcontractservices.com
Description of Proposed Work: Build a 12,000sf empty shell building Total Job Cost: \$ 1,500,000

GENERAL CONTRACTOR INFORMATION

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

Associated Contract Services, Inc. 919-567-3141
General Contractor's Company Name Phone
141 Country Haven Lane Fuquay-Varina, NC 27526 john@associatedcontractservices.com
Address Email
L.72680
License # Signature of Owner/Contractor/Officer of Corp. \$ 500,000
Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Furnish and install 4 electrical services, and necessary lighting. Service Size: (4) 400 Amps T-Poles: YES [X] NO [ ]
Tucker Electric of Winter Haven, Inc. 919-567-3141
Electrical Contractor's Company Name Phone
141 Country Haven Lane Fuquay-Varina, NC 27526 john@teamtuckerelectric.com
Address Email
U.20401
License # Signature of Owner/Contractor/Officer of Corp. \$ 50,000
Electrical Cost

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Install 4 pad mounted RTU's # of Units: 4
Allen Kelly & Co. 919-901-2489
Mechanical Contractor's Company Name Phone
220-A Tryon Rd. Raleigh, NC 27603 e.byars@associatedcontractservices.com
Address Email
L.07049
License # Signature of Owner/Contractor/Officer of Corp. \$ \$60,000
Mechanical Cost

PLUMBING CONTRACTOR INFORMATION

Description of Work: Install water and sewer service in the building and under slab # of Baths: 4
Allen Kelly & Co. 919-901-2489
Plumbing Contractor's Company Name Phone
220-A Tryon Rd. Raleigh, NC 27603 e.byars@associatedcontractservices.com
Address Email
L.07049
License # Signature of Owner/Contractor/Officer of Corp. \$ \$30,000
Plumbing Cost

REFRIGERATION CONTRACTOR INFORMATION

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



**SPRINKLER CONTRACTOR INFORMATION**

N/A

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
License #

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

**FIRE ALARM CONTRACTOR INFORMATION**

N/A

\_\_\_\_\_  
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.**

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer of Corp.

*5-4-2026*  
\_\_\_\_\_  
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.

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

\_\_\_\_\_  
Date