Harnett COUNTY NORTH CAROLINA

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

# COMMERCIAL BUILDING APPLICATION

**Site Address**: 790 NC 24-87 Cameron, NC 28326 **PIN**: 9585-50-1195

**Owner**: Purdue Drive Investments LLC **Phone**: 910-364-6838 **Email**: esensoymd@gmail.com

**Description of Proposed Work**: Pediatric Office Upfit **Total Job Cost**: $ 422,002.61

## GENERAL CONTRACTOR INFORMATION

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

RAYWEST DESIGNBUILD — General Contractor's Company Name
910-824-0503 — Phone
2818 Raeford Rd Suite 300 — Address
permits@raywestdesignbuild.com — Email
76368 — License #
Lawson Ray — Signature of Owner/Contractor/Officer of Corp.
$ 257,300.61 **Building Cost** (excluding trades)

## ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Pediatric Office Upfit Service Size: 400 Amps T-Poles: YES ☐ NO ☑

Rowe's Electric Corporation — Electrical Contractor's Company Name
910-835-4033 — Phone
1457 Hayes Road — Address
chris.roweelect@yahoo.com — Email
07510 — License #
Chris Rowe — Signature of Owner/Contractor/Officer of Corp.
$ 58,692.00 **Electrical Cost**

## MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Pediatric Office Upfit # of Units: 3

Mike's Heating, Air Conditioning, Electrical LLC — Mechanical Contractor's Company Name
910-964-4454 — Phone
PO Box 48845 — Address
michaelmeaut@aol.com — Email
23108 — License #
Michael Meaut — Signature of Owner/Contractor/Officer of Corp.
$ 59,000.00 **Mechanical Cost**

## PLUMBING CONTRACTOR INFORMATION

Description of Work: Pediatric Office Upfit # of Baths: 3

Dell Haire Plumbing — Plumbing Contractor's Company Name
910-429-9939 — Phone
PO Box 65048 — Address
buddytart1@hotmail.com — Email
32886 — License #
Buddy Tart — Signature of Owner/Contractor/Officer of Corp.
$ 47,010.00 **Plumbing Cost**

**APPLICATION CONTINUES ON BACK**

## REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name _____ Phone _____

Address _____ Email _____

License # _____ Signature of Owner/Contractor/Officer of Corp. _____

## SPRINKER 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.

Lawson Ray _____ 9/10/2026 _____

Signature of Owner/Contractor/Officer of Corp. Date

**APPLICATION CONTINUES ON BACK**

Harnett COUNTY NORTH CAROLINA

## 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.

Lawson Ray
_____
Signature of Owner/Contractor/Officer of Corporation

9/10/2026
_____
Date