

COMMERCIAL BUILDING APPLICATION

Site Address: 794 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: Vanilla Shell Building #1 **Total Job Cost:** \$ 183,787.87

GENERAL CONTRACTOR INFORMATION

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

<u>RAYWEST DESIGNBUILD</u>	<u>910-824-0503</u>
General Contractor's Company Name	Phone
<u>2818 Raeford Rd Suite 300</u>	<u>permits@raywestdesignbuild.com</u>
Address	Email
<u>76368</u>	\$ <u>85,766.87</u>
License #	Building Cost (excluding trades)
<u><i>Lawson Ray</i></u>	
Signature of Owner/Contractor/Officer of Corp.	

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: <u>Vanilla Shell Building #1</u>	Service Size: <u>200</u> Amps	T-Poles: YES ☐ NO ☒
<u>Rowe's Electric Corporation</u>	<u>910-835-4033</u>	
Electrical Contractor's Company Name	Phone	
<u>1457 Hayes Road</u>	<u>chris.roweelect@yahoo.com</u>	
Address	Email	
<u>07510</u>		\$ <u>29,346.00</u>
License #		Electrical Cost
<u><i>Chris Rowe</i></u>		
Signature of Owner/Contractor/Officer of Corp.		

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: <u>Vanilla Shell Building #1</u>	# of Units: <u>1</u>	
<u>Mike's Heating, Air Conditioning, Electrical LLC</u>	<u>910-964-4454</u>	
Mechanical Contractor's Company Name	Phone	
<u>PO Box 48845</u>	<u>michaelmeaut@aol.com</u>	
Address	Email	
<u>23108</u>		\$ <u>29,500.00</u>
License #		Mechanical Cost
<u><i>Michael Meaut</i></u>		
Signature of Owner/Contractor/Officer of Corp.		

PLUMBING CONTRACTOR INFORMATION

Description of Work: <u>Vanilla Shell Building #1</u>	# of Baths: <u>1</u>	
<u>Dell Haire Plumbing</u>	<u>910-429-9939</u>	
Plumbing Contractor's Company Name	Phone	
<u>PO Box 65048</u>	<u>buddytart1@hotmail.com</u>	
Address	Email	
<u>32886</u>		\$ <u>39,175.00</u>
License #		Plumbing Cost
<u><i>Buddy Tart</i></u>		
Signature of Owner/Contractor/Officer of Corp.		

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

Signature of Owner/Contractor/Officer of Corp.

9/10/2026

Date

APPLICATION CONTINUES ON BACK

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

The undersigned applicant being the:

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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:

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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.

Lawson Ray

Signature of Owner/Contractor/Officer of Corporation

9/10/2026

Date