

\*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 # 18-50043601  
Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Stee Rd Animal Hospital Pandi Grove LLC Date: 3-12-17

Site Address: 7580 Old Stee Rd N Angier, NC Phone: 919-639-3337

Directions to job site from Lillington: \_\_\_\_\_

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

Description of Proposed Work: Finish upstairs into conference rm / office space / storage

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

**General Contractor Information:** Building Cost \$ 60,000

Reece Built  
Building Contractor's Company Name

919-201-2626  
Telephone

2012 Day Flower Dr Clayton, NC  
Address

JRCox14@live.com  
Email Address

Jamett R Cox  
Signature of Owner/Contractor/Officer(s) of Corporation

74118  
License #

**Electrical Contractor Information:** Electrical Cost \$ 12,000

Description of Work wire upstairs per code Service Size: 100 Amps #T-Poles 0

Wire Choice Electric  
Electrical Contractor's Company Name

252-218-6640  
Telephone

4631 Windsor Rd Elm City, NC 27822  
Address

\_\_\_\_\_  
Email Address  
L 26144

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

License #

**Mechanical Contractor Information:** Mechanical Cost \$ 8,000

Description of Work Install New Duct in Addition Area # Units 2

Elite Mechanical  
Mechanical Contractor's Company Name

252-341-5918  
Telephone

3931 Lee St Ayden, NC  
Address

\_\_\_\_\_  
Email Address  
20606

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

License #

**Plumbing Contractor Information:** Plumbing Cost \$ 5,000

Description of Work Trim out Existing Plumbing # Baths 1

Thornon's Plumbing  
Plumbing Contractor's Company Name

Telephone

3160 Vinson Rd Clayton, NC  
Address

\_\_\_\_\_  
Email Address  
32943

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

License #

**Insulation Contractor Information**

Reece Built  
Insulation Contractor's Company Name & Address

919-201-2626  
Telephone

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

**Sprinkler Contractor Information**

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

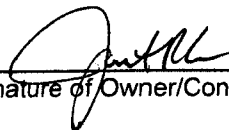
Signature of Officer(s) of Corporation

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

3-15-18  
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: Reece Built

Sign w/Title:  Pres Date: 3-15-18

Initial Application Date: 3/20/18

SCANNED

Application # 18-50043601  
DRB # \_\_\_\_\_ CU # \_\_\_\_\_

MAR 20 2018  
COMMERCIAL

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: Stage Rd Animal Hospital Pandi Grove LLC Mailing Address: 7580 Old Stage Rd. N

City: Angier State: NC Zip: 27501 Contact # \_\_\_\_\_ Email: \_\_\_\_\_

APPLICANT\*: PEECE Built, Inc Mailing Address: 2012 Day Flower Dr

City: Clayton State: NC Zip: 27520 Contact # 919-201-2626 Email: JRCox14@live.com

\*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: \_\_\_\_\_ Phone # \_\_\_\_\_

PROPERTY LOCATION: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Lot Size: 1.58

State Road # 1006 State Road Name: Old Stage Rd N Map Book&Page: — / — GIS

Parcel: 040673 006702 PIN: 0694-22-6322.000

Zoning: PA-30 Flood Zone: X Watershed: No Deed Book&Page: 1337 / 41 Power Company\*: \_\_\_\_\_

\*New structures with Progress Energy as service provider need to supply premise number \_\_\_\_\_ from Progress Energy.

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: 210 N towards Angier - follow 210 through Angier and turn right onto Old Stage Rd - site will be on the immediate left.

PROPOSED USE:

- Multi-Family Dwelling No. Units: \_\_\_\_\_ No. Bedrooms/Unit: \_\_\_\_\_
- Business Sq. Ft. Retail Space: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Daycare # Preschoolers: \_\_\_\_\_ # Afterschoolers: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Industry Sq. Ft: \_\_\_\_\_ Type: \_\_\_\_\_ # Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_
- Church Seating Capacity: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ Kitchen: \_\_\_\_\_
- Accessory/Addition/Other (Size 38 x 22) Use: finish upstairs of Business into storage/office space/conference room.

Water Supply:  County \_\_\_\_\_ Existing Well \_\_\_\_\_ New Well (# of dwellings using well \_\_\_\_\_) \*MUST have operable water before final

Sewage Supply: \_\_\_\_\_ New Septic Tank (Complete Checklist)  Existing Septic Tank (Complete Checklist) \_\_\_\_\_ County Sewer

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]  
Signature of Owner or Owner's Agent

3-15-18  
Date

\*\*This application expires 6 months from the initial date if permits have not been issued\*\*

A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

HARNETT COUNTY CASH RECEIPTS  
R E P R I N T

\*\*\* CUSTOMER RECEIPT \*\*\*

Oper: DJOHNSON      Type: CP      Drawer: 1  
Date: 4/13/18 54      Receipt no: 321065

Year	Number	Amount
2018	50043601	
7500 OLD STAGE RD N		
ANGIER, NC 27501		
B5	BP - FIKE MARSHAL FEES	\$100.00

FM FEES		
2018	50043601	
7500 OLD STAGE RD N		
ANGIER, NC 27501		
B1	BP - PERMIT FEES	\$1800.00

BLDG AND TRADE PERMITS

REECE BUILT HOMES

Tender detail		
CP CREDIT CARD		\$1900.00
Total tendered		\$1900.00
Total payment		\$1900.00

Trans date: 4/13/18      Time: 12:49:23

\*\* THANK YOU FOR YOUR PAYMENT \*\*