

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 0850020121

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: JWR VENTURES, INC. Date: _____

Site Address: 230 SARCO DRIVE Phone: 919-818-7852

Directions to job site from Lillington: TAKE HWY 401 NORTH TO FUQUAY-VARINA . 1/2 miles before Harnett County/WAKE County line turn right onto SARCO DRIVE . ADDRESS IS 230 SARCO DRIVE

Subdivision: TRI SOUTH INDUSTRIAL PARK Lot: #4

Description of Proposed Work: CONSTRUCT NEW STEEL BLDG ON CONCRETE SLAB

Heated SF 4300 Unheated SF 2900

As Owner **General Contractor Information** Building Cost \$ 223,877⁰⁰

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

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

Must sign & fill out second page

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

Electrical Permit Information Elec Cost \$ \$49,165⁰⁰

Description of Work INSTALL ELECTRICAL SYSTEMS Service Size: _____ Amps #TPoles —

ENGINEERED CONTROL SOLUTIONS, INC. 919-567-0706

Electrical Contractor's Company Name _____ Telephone _____

P.O. BOX 1885 FUQUAY-VARINA, N.C. 27526 24864-U

Address _____ License # _____

B. J. Lewis
Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ \$29,412⁰⁰

Description of Work INSTALL HVAC SYSTEMS # Units 3

ENGINEERED CONTROL SOLUTIONS, INC. 919-567-0706

Mechanical Contractor's Company Name _____ Telephone _____

P.O. BOX 1885 FUQUAY-VARINA, N.C. 27526 18347

Address _____ License # _____

B. J. Lewis
Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ \$16,500

Description of Work INSTALL PLUMBING SYSTEM # Baths 2

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

see per attached

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08500

Application #
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7828 Fax 910-893-2783 www.harnett.org
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: JWR VENTURES, INC. Date: _____
Site Address: 230 JARCO DRIVE Phone: 919-818-7852
Directions to job site from Lillington: TAKE HWY 401 NORTH TO FURQUAY-VARINA .
1/2 miles before Harnett County/Wake County line turn right onto
Jarco Drive. Address is 230 Jarco Drive
Subdivision: TRI SOUTH INDUSTRIAL PARK Lot: 44
Description of Proposed Work: CONSTRUCT NEW STEEL BLDG ON CONCRETE SLAB
Heated SF 4300 Unheated SF 2900
General Contractor Information Building Cost \$ 223,877⁰⁰

Building Contractor's Company Name _____ Telephone _____
Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ Must sign & fill out second page
Electrical Permit Information Elec Cost \$ 49,165⁰⁰
Description of Work INSTALL ELECTRICAL SERVICE Service Size: _____ Amps #TPoles _____
ENGINEERED CONTROL SOLUTIONS, INC. 919-567-0706
Electrical Contractor's Company Name Telephone
P.O. BOX 1885 FURQUAY-VARINA, N.C. 27526 24864-U
Address License #

Signature of Officer(s) of Corporation B. J. Revis
Mechanical Permit Information Mech Cost \$ 29,412⁰⁰
Description of Work INSTALL HVAC SYSTEMS # Units 3
ENGINEERED CONTROL SOLUTIONS, INC. 919-567-0706
Mechanical Contractor's Company Name Telephone
P.O. BOX 1885 FURQUAY-VARINA, N.C. 27526 18347
Address License #

Signature of Officer(s) of Corporation B. J. Revis
Plumbing Permit Information Plumb Cost \$ 16,500
Description of Work INSTALL PLUMBING SYSTEM # Baths 2
Celey's Quality Plumbing, Inc. 919-894-1813
Plumbing Contractor's Company Name Telephone
8991 NC HWY 27 East - Benson 17405
Address License #
Dona Colville - Corp. Sec.
Signature of Officer(s) of Corporation

Insulation Permit Information
Insulation Contractor's Company Name & Address _____ Telephone _____

<u>Sprinkler System Information</u>	
_____ Sprinkler Contractor's Company Name	_____ Contact & Telephone
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	
<u>Fire Alarm System Information</u>	
_____ Fire Alarm Contractor's Company Name	_____ Contact & Telephone
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	
<u>Driveway Access</u> - 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.

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

6/25/08
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
_____ General Contractor	<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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: _____	
Sign w/Title: <u>Jane W. Reus</u>	Date: <u>6/25/08</u>