

* 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 # 08-50019405

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: William R. Pannhoff / B:B Catering Date: 3-6-08

Site Address: 697 Bethel Baptist Rd Phone: 910 497-8228

Directions to job site from Lillington: Spring Lake NC
Take 210 South towards Spring Lake Go left on
Bethel Baptist Rd, a 1 mile on left side

Subdivision: _____ Lot: _____

Description of Proposed Work: Install / Build new Kitchen Facility behind existing structure

Heated SF 3500 Unheated SF 2700

General Contractor Information Building Cost \$ 160,000.00

B:B Catering / Event Planning Telephone 910-497-8228

Building Contractor's Company Name _____

697 Bethel Baptist Rd Spring Lake NC 28390 License # owner

Address _____ Must sign & fill out second page

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

Electrical Permit Information Elec Cost \$ _____

Description of Work _____ Service Size: _____ Amps #TPoles _____

Electrical Contractor's Company Name See Attach Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information Mech Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Plumbing Permit Information Plumb Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name See Attach Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

* 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 # 08500194-05

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: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

Heated SF _____ Unheated SF _____

General Contractor Information Building Cost \$ _____

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Must sign & fill out second page

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

Electrical Permit Information Elec Cost \$ _____

Description of Work _____ Service Size: _____ Amps #TPoles _____

Electrical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Mechanical Permit Information Mech Cost \$ 6500.00

Description of Work Pipe Refrigeration Equipment/Trunk Panels # Units _____

Mechanical Contractor's Company Name Liberty Refrigeration Telephone 910-223-0921

Address 5906 St. Michaels Drive Fayetteville, NC 28306 License # 4093

W. J. Erchen
Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation _____

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

Application # 0850019405

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 Fax 910-893-2793

www.harnett.org

Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: B+B Catering Phone: 910-497-8228

Owner (s) Mailing Address: 697 Bethel Church Road
Spring Lake NC 28390

Land Owner Name (s): Bill Panhoff Phone: 910-497-8228

Construction or Site Address: 697 Bethel Church Road - Spring Lake

PIN or Parcel #: 01-0524 - - 0024 - - 05

Job Cost: 35,000⁰⁰ Description of Work to be done Electrical Installation
for RESTAURANT

CONSTR.
POLE

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping

Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Take 210 South to Bethel Church Road (Anderson Creek)
Turn left Go 2 miles. Job is located on left
hand side of road

Subdivision: _____ Lot #: _____

I Jim Rowe have provided or will provide the Electric labor
(Contractor's Name) (Trade)

on this structure. I am the building owner or hold a NC state Electrical license
(Trade)

number 7510-U; which entitles me to perform such work on the above structure legally. All

work shall comply with the State Building Code and all other applicable State and local laws,
ordinances and regulations.

Structure owner(s) signature: Timothy Rowe Date: 3/26/08

Company Name: Rowe's Electric Phone: 910-893-8515

Address: 136 DONNA'S LANE SPRING LAKE NC 28390

County: HARNETT Contractor's License #: 7510-U

Contractor's Signature: Timothy B Rowe Date: 3/26/08

*Company name, address, & phone must match information on license.

Application # 08-50019405

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 Fax 910-893-2793
www.harnett.org/permits
Certification of Work Performed By Owner/Contractor

Owner (s) of Structure: JOANN CLARK Phone: 910-497-8228

Owner (s) Mailing Address: 697 BETHEL BAPTIST RD
SPRING LAKE, NC 28390

Land Owner Name (s): JOANN CLARK Phone: 910-497-8228

Construction or Site Address: 697 BETHEL BAPTIST RD

PIN or Parcel #: 01-0524-05

Job Cost: \$22,045 Description of Work to be done NEW KITCHEN

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping
Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other
Plumbing: Water/Sewer Tap 0 Number of Baths 1 Water Heater 2

Specific Directions to Job from Lillington:
SEE ATTACHED

Subdivision: _____ Lot #: _____

I EDWIN B. MCKENZIE will provide the PLUMBING labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 13588, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: _____ Date: _____

Company Name: MCKENZIE PLUMBING Phone: 910-764-2200
Address: 231 WINSLOW STREET, FAYETTEVILLE NC 28301
County: CUMBERLAND Contractor's License #: 13588
Contractor's Signature: E. Benjamin McKenzie Date: 3/25/08

*Company name, address, & phone must match information on license.

McKENZIE PLUMBING
231 Winslow Street ♦ Fayetteville, NC 28301
Phone: 910-764-2200
E-mail: susan@mckenzieplumbing.com

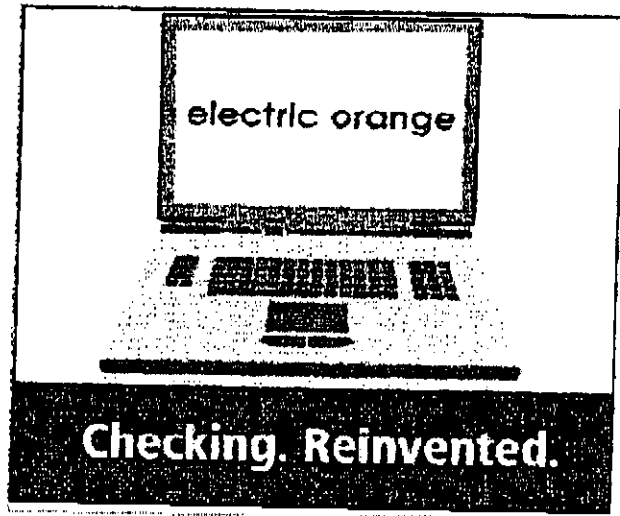
March 25, 2008

B & B Catering & Event Planning
697 Bethel Baptist Road
Spring Lake, NC 28390


JOB LIST


5 Floor Sinks
1 Shower Drain
15 Floor Drains
1 Lavatory
50' Trench Drain
1 Water Closet
4 Hand Sinks
1 Can Wash
1 Ice Machine
1 Washing Machine Connection
4 Hose Reel Stations
2 Tankless Hot Water Heater Commercial Liners


MAPQUEST.





A: 108 E Front St, Lillington, NC 27546-6683

-  **1: Start out going WEST on E FRONT ST toward 1ST ST.** 0.1 mi

-  **2: Turn LEFT onto S MAIN ST/US-401/NC-210/NC-27. Continue to follow S MAIN ST/US-401/NC-210.** 0.6 mi

-  **3: Turn SLIGHT RIGHT onto NC-210 W.** 12.0 mi

-  **4: Turn LEFT onto BETHEL BAPTIST RD.** 0.8 mi

-  **5: End at 697 Bethel Baptist Rd Spring Lake, NC 28390-8689**

Estimated Time: 19 minutes Estimated Distance: 13.52 miles

B: 697 Bethel Baptist Rd, Spring Lake, NC 28390-8689

Total Time: 19 minutes Total Distance: 13.52 miles

Application # 0851019405

Please note if this application is part of a job in progress with open permits.
/ yes ~~no~~

Mail In application
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793
www.harnett.org/permits

Certification of Work Performed by Owner/Contractor

Contractor Information

I, Jerry Hall will complete the HVAC work on the project or structure herein described. My state license number is 27846. All work shall comply with the State Building Code and all other applicable State & Local law, ordinances and regulations.

Company Name: Total Systems Heating & Cooling Inc
Mailing Address: 13341 Hwy 210 S
Street Address: Spring Lake NC 28390
Business Phone: 910-436-3450 Email Address: _____

*Company name, address, & phone must match information on license.

Job Information

Land Owner's Name: Bill Pantoff Phone: 910-497-8228
Tenant/Building Owner(if different): _____ Phone: _____
Construction or Site Address: 697 Bethel Baptist Rd, Spring Lake NC 28390
PIN or Parcel # from GIS: _____

Specific Directions to Job from Lillington:
From Lillington take Hwy 210 toward Spring Lake - Take left onto Bethel Ch Rd to end at 697

Description of work to be done: Install 2-5 ton 13 seer Split HP unit work Job Cost: 116.535⁰⁰
Mechanical: New Unit With Ductwork 2 New Unit Without Ductwork _____ Gas Piping _____
Electrical: 200 Amp _____ <200 Amp _____ Service Change _____ Service Reconnect _____ Other _____
Plumbing: Water/Sewer Tap _____ Number of Baths _____ Water Heater _____

Permit Cost

Permit Fee: \$168⁰⁰ (calculated from fee schedule)
Mail In Processing Fee: **\$3.00 per application**
Total Enclosed: \$ _____

Make check payable & Mail completed application form to: Harnett County Central Permitting (HCCP)
PO Box 65
Lillington, NC 27546

Contractor's Signature: [Signature] Date: 5/12/08
DO NOT SEND CASH. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Application # 08 5 0019405

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793

www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: B&B Catering Phone: 910 476 4933

Owner (s) Mailing Address: 697 Bethel Baptist Rd.
Spring Lake N.C. 28390

Land Owner Name (s): Bill Rannhoff Phone: 910 497 8228

Construction or Site Address: SAME

PIN or Parcel # from GIS: _____

Job Cost: 7500⁰⁰ Description of Work to be done _____

Hood

Hood Installation

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I MASTERCRAFT will provide the Hood Install labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is NA, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: _____ Date: _____

Company Name: MASTERCRAFT ASSOC, INC Phone: 910 483 1150

Address: 1539 Jim Johnson Rd

County: Crawford Contractor's License #: _____

Contractor's Signature: David Cook Date: 5/14/08

*Company name, address, & phone must match information on license.

4/18/08

Application # 0850019405

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793
www.harnett.org/permits

Certification of Work Performed By Owner/Contractor
(Individual Trade Application)

Owner (s) of Structure: Bill Panhoff/Bob Catering Phone: 910-497-8228

Owner (s) Mailing Address: 697 Bethel Baptist Rd
Spring Lake NC 28390

Land Owner Name (s): _____ Phone: _____

Construction or Site Address: 697 Bethel Baptist Rd Spring Lake NC 28390

PIN or Parcel # from GIS: _____

Job Cost: _____ Description of Work to be done Gas Piping
only

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:
off Hwy 210

Subdivision: _____ Lot #: _____

I Jenkins Gas Co will provide the Gas Piping labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 21001, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: _____ Date: _____

Company Name: Jenkins Gas Co Phone: 910-424-1700

Address: 3600 Legion Rd Hope Mills NC 28348

County: Cumberland Contractor's License #: 21001

Contractor's Signature: Clayton C Remy Date: 6-18-08

*Company name, address, & phone must match information on license.