

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 # 11-50027732

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 Cameron Premier Properties LLC Date 10/2/11
Site Address 1054 NC Hwy 24/87 Cameron NC 28326 Phone 910-484 5141
Directions to job site from Lillington Hwy 27 West Hwy 87 South Approx 4 miles on right just pass Linden Oaks Parkway Site is on the right

Subdivision N/A Lot _____

Description of Proposed Work New Dental Office Building

Heated SF 4749 Unheated SF 0

General Contractor Information Building Cost \$ 600 000 00

Cadco Construction Co LLC 919 747 9670

Building Contractor's Company Name Telephone

212 Powell Drive Suite 102 Raleigh NC 27606 josh@cadcoconstruction.com

Address Email Address

[Signature] 64624

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

Electrical Contractor Information Electrical Cost \$ 50 000 00

Description of Work Power lighting & service for dental office Service Size 400 Amps #T-Poles 1

Waco Electrical 919 772 1745

Electrical Contractor's Company Name Telephone

980 N Greenfield Parkway Garner NC 27529 mark@waconc.com

Address Email Address

[Signature] 5866-U

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

Mechanical Contractor Information Mechanical Cost \$ 30 000 00

Description of Work New HVAC units and duct work for dental office # Units 3

Airmakers 919-878 8800

Mechanical Contractor's Company Name Telephone

5420 Poole Road Raleigh NC 27610 ddavis@aimakers.com

Address Email Address

[Signature] 9809

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

Plumbing Contractor Information Plumbing Cost \$ 35 000 00

Description of Work Plumbing water, air and vac piping for dental office # Baths 3

Associated Plumbing 919 779-3663

Plumbing Contractor's Company Name Telephone

1001 Shadywood Lane Raleigh NC 27603 dtruelove1@ncrr.com

Address Email Address

[Signature] 14506 P1

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

Insulation Contractor Information

Insulating Inc 1212 Home Ct Raleigh NC 27603 919-772 9000

Insulation Contractor's Company Name & Address Telephone

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

Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

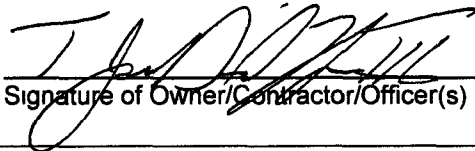
Signature of Officer(s) of Corporation

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

10/2/2011
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 Cadco Construction

Sign w/Title J. Paul Duffin, VICE PRESIDENT Date 10/2/2011