

\*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.

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: Carolina Diesel Trucks, LLC Date: 12/7/17

Site Address: 62 Progress Drive, Fuquay Varina, NC 27526 Phone: 919-698-7118

Directions to job site from Lillington: Take US-401 N to Christian Light Rd. Turn Left onto Oakridge Duncan Rd. Turn left onto NC-42 W. Turn Right onto Progress Dr.

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

Description of Proposed Work: Automotive repair and performance shop.

Heated SF 10,000 Unheated SF 0

**General Contractor Information:** Building Cost \$ 96,643.48

Christopher-Thomas Construction, Inc 828-312-6444

Building Contractor's Company Name Telephone

5489 Land Harbour Dr., Granite Falls, NC 28630 chris@ctccustomhomes.com

Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation 64360

License #

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Electrical Contractor's Company Name Telephone

Address Email Address

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

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

Mechanical Contractor's Company Name Telephone

Address Email Address

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

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name Telephone

Address Email Address

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

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address 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 \_\_\_\_\_

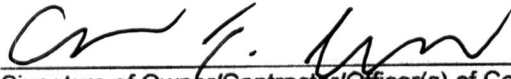
Signature of Officer(s) of Corporation \_\_\_\_\_

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

12/7/17

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.

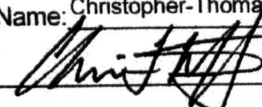
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

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: Christopher-Thomas Construction, Inc. \_\_\_\_\_

Sign w/Title: \_\_\_\_\_

 PRESIDENT

Date: 12/7/17

**DO NOT REMOVE!**

## Details: Appointment of Lien Agent

Entry #: 743790

Filed on: 10/25/2017

Initially filed by: carolinadieseltrucks

### Designated Lien Agent

Chicago Title Company, LLC

Online: [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)

Address: 19 W. Hargett St., Suite 507 / Raleigh, NC  
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

### Project Property

62 Progress Drive  
Fuquay Varina, NC 27526  
Harnett County

### Property Type

Other

### Print & Post



#### Contractors:

Please post this notice on the Job Site.

#### Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

### Owner Information

George Thomas Andrews  
2001 Templeton Gap Dr.  
Apex, NC 27523  
United States  
Email: [info@carolinadieseltrucks.com](mailto:info@carolinadieseltrucks.com)  
Phone: 919-610-7215

### Date of First Furnishing

10/27/2017

View Comments (0)

Technical Support Hotline: (888) 690-7384

HARNETT COUNTY CENTRAL PERMITTING  
P.O. BOX 65  
LILLINGTON, NC 27546  
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793  
Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . .	17-50041710	Page	3
Property Address . . . . .	96 PROGRESS DR	Date	12/08/17
PARCEL NUMBER . . . . .	05-0635- - -0153- -14-		
Tenant nbr, name . . . . .	CUSTO HAS BLDG PLANS /FM HERE		
Application description . . . . .	CP NEW COMMERCIAL BLDG/ENTERPRISE		
Subdivision Name . . . . .			
Property Zoning . . . . .	BUSINESS/COMMERCIAL DIST		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type . . . . . COMMERCIAL BUILDING PERMIT					
10	151	C151	C*BLDG FOOTING	_____	___/___/___
10	814	A814	ADDRESS CONFIRMATION	_____	___/___/___
10	131	R131	ONE TRADE FINAL	_____	___/___/___
20	179	C179	C*BLDG FINAL	_____	___/___/___
999	163	C163	C*BLDG FLOOR FRAMING	_____	___/___/___
999	155	C155	C*BLDG FOUNDATION	_____	___/___/___
999	153	C153	C*BLDG ROUGH IN	_____	___/___/___
999	159	C159	C*BLDG SLAB INSP	_____	___/___/___
999	157	C157	C*BLDG WATERPROOFING	_____	___/___/___
999	177	C177	C*HOOD SYSTEM	_____	___/___/___
999	185	I185	C*INSULATION INSPECTION	_____	___/___/___
999	175	C175	C*MOD MARRIAGE WALL	_____	___/___/___
999	173	C173	C*MODULAR INSPECTION	_____	___/___/___
999	161	C161	C*MONOLITH SLAB	_____	___/___/___
999	169	C169	C*OVERHEAD ELE, MECH, PLB	_____	___/___/___
999	165	C165	C*OVERHEAD FOR BUILDING	_____	___/___/___
999	171	C171	C*REBAR INSPECTION	_____	___/___/___
999	828	S828	C*SIGN INSPECTION	_____	___/___/___
999	167	C167	C*WALL INSPECTION	_____	___/___/___
999	822	H822	ENVIR. HLTH/SANITATION FINAL	_____	___/___/___
999		H824	ENVIR. OPERATIONS PERMIT	_____	___/___/___
999	880	F880	FM*ABOVE CEILING	_____	___/___/___
999	878	F878	FM*AGST/UST PIPES	_____	___/___/___
999	852	F852	FM*DAYCARE INSPECTION	_____	___/___/___
999	854	F854	FM*FINAL INSPECTION	_____	___/___/___
999	850	F850	FM*FIRE ALARM	_____	___/___/___
999	884	F884	FM*FIRE MISC INSPECTION	_____	___/___/___
999	870	F870	FM*FIRE WORKS / EXPLOSIVES	_____	___/___/___
999	856	F856	FM*FIXED FIRE SUPPRESSION	_____	___/___/___

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\_\_\_\_\_

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number . . . . .	17-50041710	Page	4
Property Address . . . . .	96 PROGRESS DR	Date	12/08/17
PARCEL NUMBER . . . . .	05-0635- - -0153- -14-		
Tenant nbr, name . . . . .	CUSTO HAS BLDG PLANS /FM HERE		
Application description . . . . .	CP NEW COMMERCIAL BLDG/ENTERPRISE		
Subdivision Name . . . . .			
Property Zoning . . . . .	BUSINESS/COMMERCIAL DIST		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	882	F882	FM*FOGGING OR FUMIGATION	_____	___/___/___
999	858	F858	FM*SPRINKLER CERT TEST	_____	___/___/___
999	864	F864	FM*SPRINKLER-FLOW	_____	___/___/___
999	860	F860	FM*SPRINKLER-FLUSH	_____	___/___/___
999	862	F862	FM*SPRINKLER-HYDRO	_____	___/___/___
999	866	F866	FM*STANDPIPE	_____	___/___/___
999	872	F872	FM*TANKS-ABANDON IN PLACE	_____	___/___/___
999	874	F874	FM*TANKS-INSTALLATION	_____	___/___/___
999	876	F876	FM*TANKS-REMOVAL	_____	___/___/___
999	868	F868	FM*TENTS	_____	___/___/___
999	357	P357	C*PLUMB UNDER SLAB	_____	___/___/___
999		MISC	COMMERCIAL MISCELLANEOUS	_____	___/___/___

Permit type . . . . . LAND USE PERMIT

999	818	Z818	PZ*ZONING INSPECTION	_____	___/___/___
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	___/___/___

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Application Number . . . . . 17-50041710 Date 12/08/17  
Intersection . . . . .  
Property Address . . . . . 96 PROGRESS DR  
PARCEL NUMBER . . . . . 05-0635- - -0153- -14-  
Tenant nbr, name . . . . . CUSTO HAS BLDG PLANS /FM HERE  
Application type description CP NEW COMMERCIAL BLDG/ENTERPRISE  
Subdivision Name . . . . .  
Property Zoning . . . . . BUSINESS/COMMERCIAL DIST

Owner

Contractor

-----  
RP ONE LLC  
PO BOX 1166  
FUQUAY-VARINA NC 27526

-----  
OWNER

Applicant

-----  
TIMMONS GROUP DIESEL TRUCK BLD  
5410 TRINITY RD  
SUITE 102  
RALEIGH NC 27607  
(919) 866-4507

--- Structure Information 000 000 10,000 SQ FT DIESEL TRUCK FACILITY  
Flood Zone . . . . . FLOOD ZONE X  
Other struct info . . . . . PROPOSED USE TRUCK FACILITY  
SEPTIC - EXISTING? NEW

-----  
Permit . . . . . COMMERCIAL BUILDING PERMIT

Additional desc . . . . .  
Phone Access Code . . . . . 1221217  
Issue Date . . . . . 12/08/17 Valuation . . . . . 96643  
Expiration Date . . . . . 12/08/18

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Permit . . . . . LAND USE PERMIT

Additional desc . . . . .  
Phone Access Code . . . . . 1221225  
Issue Date . . . . . 12/08/17 Valuation . . . . . 0  
Expiration Date . . . . . 6/06/18

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Special Notes and Comments

T/S: 06/27/2017 08:50 AM DJOHNSON --  
TAKE 401 N AT APPROX 7 MILES TURN LEFT  
ONTO KIPLING RD. KIPLING RD TURNS INTO  
COKESBURY RD, GO APPROX 10.3 MILES AND  
TURN RIGHT ONTO NC 42. APPROXIMATELY .2  
MILES TURN LEFT ONTO PROGRESS RD AND

-----  
\_\_\_\_\_  
\_\_\_\_\_

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Application Number . . . . . 17-50041710

Page 2  
Date 12/08/17  
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Special Notes and Comments  
SITE WILL BE ON THE RIGHT.

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\_\_\_\_\_  
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## HARNETT COUNTY CASH RECEIPTS

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

Oper: LLUCAS                      Type: CP    Drawer: 1  
 Date: 12/08/17 53              Receipt no: 176857

Year	Number	Amount
2017	50041710	
96 PROGRESS DR		
FUQUAY-VARINA, NC 27526		
B1	BP - PERMIT FEES	\$980.00
2017	50041710	
96 PROGRESS DR		
FUQUAY-VARINA, NC 27526		
B5	BP - FIRE MARSHAL FEES	\$150.00

## CAROLINA DIESEL TRUCKS LLC

Tender detail		
CK CHECK PAYMEN	1020	\$1130.00
Total tendered		\$1130.00
Total payment		\$1130.00

Trans date: 12/08/17              Time: 13:07:19

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