

*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

SCANNED

Application for Building and Trades Permit

Owner's Name: Carolina Diesel Trucks, LLC Date: ~~12/7/17~~ **DATE**

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] 64360

Signature of Owner/Contractor/Officer(s) of Corporation 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 \$ 41,630.00

Description of Work _____ # Baths _____

HOCKADAY MECHANICAL 919-277-0140

Plumbing Contractor's Company Name Telephone

3717 AUBURN CH. RD GARNER 27529 bob@hmcop.com

Address Email Address

[Signature] 11291 PH 1,2,3, CL 1

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 _____

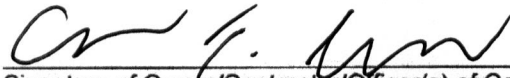
Signature of Officer(s) of Corporation _____

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

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.

Page 2
Date 12/28/17

Application Number 17-50041710
 Property Address 96 PROGRESS DR
 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

Permit COMMERCIAL PLUMBING PERMIT

Additional desc
 Phone Access Code 1223387

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
999	361	P361	C*PLUMB FINAL	_____	___/___/___
999	359	P359	C*PLUMB OVERHEAD	_____	___/___/___
999	355	P355	C*PLUMB SEWER CONNECTION	_____	___/___/___
999	353	P353	C*PLUMB WATER CONNECTION	_____	___/___/___
999	351	P351	C*PLUMB ROUGH IN	_____	___/___/___
999	357	P357	C*PLUMB UNDER SLAB	_____	___/___/___
999	363	P363	C*PLUMB GREASE TRAP	_____	___/___/___

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 Date 12/28/17
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 PLUMBING PERMIT

Additional desc

Phone Access Code 1223387

Issue Date 12/28/17

Valuation 41630

Expiration Date 12/28/18

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
SITE WILL BE ON THE RIGHT.

HARNETT COUNTY CASH RECEIPTS

*** CUSTOMER RECEIPT ***

Oper: LLUCAS Type: CP Drawer: 1
Date: 12/28/17 53 Receipt no: 197559

Year	Number	Amount
2017	50041710	
96 PROGRESS DR		
FUQUAY-VARINA, NC 27526		
B1	BP - PERMIT FEES	
		\$500.00
PLUMBING PERMIT		

HOCKADAY MECHANICAL

Tender detail	
CP CREDIT CARD	\$500.00
Total tendered	\$500.00
Total payment	\$500.00

Trans date: 12/28/17 Time: 14:27:51

** THANK YOU FOR YOUR PAYMENT **