



total \$372,919.00

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 # BCOM 1809-0003
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL
ECOM1810-0002
MEOM1810-0001
PCOM1810-0001

Application for Building and Trades Permit

Owner's Name: Harnett Health System Inc Date: 10-03-18
Site Address: 215 Brightwater Drive, Lillington, NC 27546 Phone: 910-615-4784
Description of Proposed Work: Interior Renovation Pharmacy Department

General Contractor Information: Building Cost \$ 146,933

DA Everett Construction Group, LLC 919-328-0056
Building Contractor's Company Name Telephone
4131 Parklake Ave, Suite 350, Raleigh NC 27612
Address Email Address
Donovan Everett 72871
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 38,539

Description of Work new receptacles / lights Service Size: _____ Amps #T-Poles _____
WB Moore Company of Charlotte, Inc 919-882-0550
Electrical Contractor's Company Name Telephone
5112 Departure Dr, Raleigh NC 27616
Address Email Address
Billy Graves U.18767.01
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 170,885

Description of Work new duct, exhaust fans, vavs, controls # Units 7
Newcomb and Company 919-862-3000
Mechanical Contractor's Company Name Telephone
3000 Comfort Court, Raleigh NC 27604
Address Email Address
Robert Newcomb 785.H1, H2, H3
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 16,562

Description of Work demolish med gas / new hand sink # Baths 0
Triangle Mechanical Contractor, Inc 919-779-1210
Plumbing Contractor's Company Name Telephone
100 US Highway 70 West, Garner NC 27529
Address Email Address
Mike Truelove NC 4169 Class I
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

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



Sprinkler Contractor Information

Blackstone Fire Control
Sprinkler Contractor's Company Name
2916 Manufacturers Rd, Greensboro NC 27406
Address
David Yates
Signature of Officer(s) of Corporation

336-791-0593
Telephone
dyates@blackstonefsi.com
Email Address
30490
License #

Fire Alarm Contractor Information

Johnson Controls
Fire Alarm Contractor's Company Name
540 Civic Blvd, Suite 105, Raleigh NC 27610
Address
Gordon Gibb
Signature of Officer(s) of Corporation

919-467-3666
Telephone
gordon.gibb@jci.com
Email Address
NC 27575-U
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]
Signature of Owner/Contractor/Officer(s) of Corporation
10-03-18
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.

Sign w/Title: *[Signature]* Date: 10-03-18