

\*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 # \_\_\_\_\_  
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: Fairway Pointe, LLC Date: 5 Aug 2020

Site Address: Gallery Dr. Phone: 910-814-2633

Directions to job site from Lillington: Lft on MAIN, Rt on 27 West, Lft on Nursery, Lft into Anderson Creek Club construction entrance (Micahs Way). Through inner circle dr. onto whispering pines dr. Left onto Gallery Dr.

Subdivision: Anderson Creek Club Lot: #4

Description of Proposed Work: CONSTRUCT & COMPLETE 90 UNIT CONDO BUILDING

Heated SF 12,554 Unheated SF \_\_\_\_\_  
**General Contractor Information:** Building Cost \$ 875,000.00

Anderson Creek Developers, Inc 910-814-2633

Building Contractor's Company Name Telephone

125 WHispering Pines Dr. Spring Lake NC 28390 andybarr40@yahoo.com

Address Email Address

66285

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

**Electrical Contractor Information:** Electrical Cost \$ 43,000.00

Description of Work Wire/Trim out Service Size: 200 Amps #T-Poles 1

Pioneer Electric, Inc. 919-499-7767

Electrical Contractor's Company Name Telephone

80 Neill Thomas Rd. Lillington NC 27546 pioneerelectric@earthlink.net

Address Email Address

21643-0

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

**Mechanical Contractor Information:** Mechanical Cost \$ 60,000.00

Description of Work Rough in and trim out HVAC # Units 8

Total Systems Heating and Cooling, Inc. 910-436-3450

Mechanical Contractor's Company Name Telephone

13341 Hwy 210 South Spring Lake NC 28390

Address Email Address

28846

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

**Plumbing Contractor Information:** Plumbing Cost \$ 62,000.00

Description of Work Rough In and trim out Plumbing # Baths 16

Wagner Plumbing, Inc. 910-890-2299

Plumbing Contractor's Company Name Telephone

555 Tirzah Dr. Lillington NC wagnerplumbing@yahoo.com

Address Email Address

31576

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

**Insulation Contractor Information**

Tri-City Insulation 910-237-0910

Insulation Contractor's Company Name & Address Telephone

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

**Sprinkler Contractor Information**

Fire And Life Safety America, Inc.  
Sprinkler Contractor's Company Name

919-872-3250  
Telephone

7711 WELBORN ST, Suite 102, Raleigh NC 27615  
Address

\_\_\_\_\_  
Email Address

[Signature] Jonathan Stebila PM  
Signature of Officer(s) of Corporation

23883FS  
License #

**Fire Alarm Contractor Information**

Holmes Electric Security  
Fire Alarm Contractor's Company Name

910-483-6922  
Telephone

127 HAY ST FAYETTEVILLE NC 28301  
Address

swheeler@holmeselectricsecurity.com  
Email Address

[Signature]  
Signature of Officer(s) of Corporation

10174 SP-LV  
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 Hamett 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 Hamett 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

5 AUG 2020  
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: ANDERSON CREEK DEV. INC.

Sign w/Title: [Signature] Project Mgr. Date: 5 AUG 2020