



*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: Pioneer Companies, LLC Date: 3/15/21

Site Address: Ray Rd. Spring Lake, NC 28390 Phone: 910-944-0881

Description of Proposed Work: Proposed construction of a Dollar General retail store

General Contractor Information: Building Cost \$ \$455,00.00

Rhetson Companies, Inc.

910-944-881

Building Contractor's Company Name

Telephone

2075 Juniper Lake Rd. West End, NC 27376

jscott@rhetson.com

Address

Email Address

55928

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

License #

Electrical Contractor Information: Electrical Cost \$ \$95,330.76

Description of Work Install All Electrical Wiring Service Size: 600 Amps #T-Poles 1

Rainwater Electrical Service INC.

(910) 331-5785

Electrical Contractor's Company Name

Telephone

P.O. Box 136 MARSTON, NC 28363

RAINWATERELECTRICAL@LIVE.COM

Address

Email Address

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

V. 26148

License #

Mechanical Contractor Information: Mechanical Cost \$ \$28,000

Description of Work Install RTUs associated duct FFs with duct and duct work in bathroom. # Units 2

J&S Heating and Air

919-375-4535

Mechanical Contractor's Company Name

Telephone

700 Pory Rd STE C Zebulon, NC 27587

dakota@jshetair.com

Address

Email Address

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

22675

Plumbing Contractor Information: Plumbing Cost \$ \$15,000

Description of Work Test water heaters # Baths 2

Matt's Plumbing and Repair

910-730-4197

Plumbing Contractor's Company Name

Telephone

1800 Sandcrest Dr., Flockingham, NC 28379

mhaynes14@icloud.com

Address

Email Address

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

28792

License #

Insulation Contractor Information

Rhetson Companies, Inc.

910-944-0881

Insulation Contractor's Company Name & Address

Telephone

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

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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 _____ Date 7/15/21

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: _____ Date: 7/15/21