

*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 # BCCM27.03.0002

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HARNETT COUNTY PUBLIC SCHOOLS Date: 05/19/22

Site Address: 18495 NC-27 CAMERON NC 28326 Phone: 919-815-3023

Directions to job site from Lillington: SOUTH ON MCKINNEY PKWY TOWARD ALEXANDER DR 0.5 MI, MCKINNEY PKWY TURNS RIGHT TO N. MAIN ST 1.6 MI, TURN RIGHT ON W OLDED 0.6 MI, TURN LEFT ONTO NC-27 W 17.7 MI

Subdivision: N/A Lot: N/A

Description of Proposed Work: DEMOLITION AND RENOVATION

Heated SF 17,405 Unheated SF 0


General Contractor Information: Building Cost \$ 7,985,000.00

ENGINEERED CONSTRUCTION COMPANY
Building Contractor's Company Name

919-954-9090
Telephone

900 PAVERSTONE DR RALEIGH, NC 27615
Address

SDAWSONSR@ENGRCONST.COM
Email Address


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

30010
License #

Description of Work LIGHTS, PANELS, RALEWAYS, TEAR OUT Service Size: 600 Amps #T-Poles 1

Electrical Contractor Information: Electrical Cost \$ 411,024.00

P.R. FAULK ELECTRICAL CORPORATION
Electrical Contractor's Company Name

919-715-1990
Telephone

3103 HAL SILER DRIVE SANFORD, NC 27332
Address

PHILLIPRFAULKELECTRIC.COM
Email Address


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

11335-U
License #

Description of Work INSTALL COMPLETE SYSTEMS # Units 14

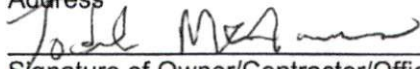
Mechanical Contractor Information: Mechanical Cost \$ 714,957.00

CAPE FEAR AIR CONDITIONING & HEATING
Mechanical Contractor's Company Name

910-483-8790
Telephone

1139 ROBESON ST. FAYETTEVILLE, NC 28305
Address

INFO@CAPEFEARAIR.COM
Email Address


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

30052
License #

Description of Work ALL PLUMBING SYSTEMS # Baths 14

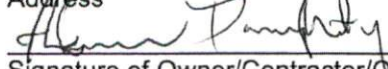
Plumbing Contractor Information: Plumbing Cost \$ 294,551.00

TRINITY PLUMBING
Plumbing Contractor's Company Name

910-676-8426
Telephone

1989 WILMINGTON HWY. FAYETTEVILLE, NC 28306
Address

32324
License #


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

Insulation Contractor Information

SEE SUBS ABOVE
Insulation Contractor's Company Name & Address

N/A
Telephone

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

Sprinkler Contractor Information

A&B FIRE SERVICES INC.
Sprinkler Contractor's Company Name

434-338-9540
Telephone

113 NORTH LN. BLUEFIELD, VA 24605
Address

DHAYES@AANDBFIRE.COM
Email Address

Dennis Hayes
Signature of Officer(s) of Corporation

32514
License #

Fire Alarm Contractor Information

P.R. FAULK ELECTRICAL CORPORATION
Fire Alarm Contractor's Company Name

919-775-1990
Telephone

3103 HALSILER DRIVE SANFORD, NC 27332
Address

PHILLIP@PRFAULKELECTEL.COM
Email Address

Phillip Faulk
Signature of Officer(s) of Corporation

11335-4
License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No N/A

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

5/19/22
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: Engineered Construction Company

Sign w/Title: *[Signature]* President Date: 5/19/22