



*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: RUC Erwin, LLC Date: 10/19/22

Site Address: 1616 2nd Avenue ste 100 Birmingham, AL 35203 Phone: 205.516-0052

Description of Proposed Work: Construction of a new 3218sf urgent care facility

General Contractor Information: Building Cost \$ 760747.00

Site \$365805.00

DooleyMack Constructors of Georgia, Inc 770.945-0696

Building Contractor's Company Name Telephone

4018 Chamblee Rd Oakwood, GA 30566 bwunsch@dooleymackga.com

Address Email Address

56617

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

Electrical Contractor Information: Electrical Cost \$ 87000.00

Description of Work interior/exterior electrical Service Size: 400 Amps #T-Poles 1

South Charlotte Electric & Service LLC 910.922-5522

Electrical Contractor's Company Name Telephone

2406 Ebenezer Rd Rock Hill, SC 29732 pete@southcharlotteelectric.com

Address Email Address

28285-U

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

Mechanical Contractor Information: Mechanical Cost \$ 65348.00

Description of Work New HVAC system # Units 3

Triad Sheet Metal & Material, Inc 336.379-9891

Mechanical Contractor's Company Name Telephone

PO Box 29106 Greensboro, NC 27429 bbingman@triadsheetmetal.com

Address Email Address

28563

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

Plumbing Contractor Information: Plumbing Cost \$ 61600

Description of Work Interior plumbing # Baths 2

Custom Plumbing 704.827-0360

Plumbing Contractor's Company Name Telephone

2230 East Franklin Blvd., Suite 100-270 Gastonia, NC 28054 scarris@customplumbingco.com

Address Email Address

18801

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

Insulation Contractor Information

Bay Insulation of NC, Inc 1015 E Springfield Dr High Point, NC 27261 540.986-2572

Insulation Contractor's Company Name & Address Telephone

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

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 10-25-22

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: 10-25-22