

Building # 4 (J) 50 x 310

*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
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: Allied Investors Inc., 350 Wagoner Dr. Fayetteville, NC 28303 Date: 10/25/22
Site Address: Alpine Dr, Sanford, NC 27332 PIN 9586-88-3426.00 Phone: 919.630.2100

Directions to job site from Lillington: US 421, right on Us-401, right on NC210 S, Right on Bethge Rd, Right on Shawtown Rd, Left on Fuller, Left on NC 27W, Right on Docs Rd, Right on Microtwoer Rd, Continue straight to Alpine Dr.

Subdivision: 00300F Lot: _____
Description of Proposed Work: New Construction-Self Storage-Commercial

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 351,000.00

Weaver Homes Inc. _____
Building Contractor's Company Name _____ Telephone 919.630.2100
350 Wagoner Dr Fayetteville, NC 28303 _____
Address _____ Telephone _____
Susan Rodriguez _____ Email Address susan@weaver-homes.com
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 75971

Description of Work New Construction Electrical Cost \$ 8500.00
Electrical Contractor Information: Service Size: _____ Amps #T-Poles _____
IM Pope Electric LLC _____ Telephone 919.776.5144
Electrical Contractor's Company Name _____
409 ~~East~~ Chatham St Sanford, NC 27330 _____
Address _____ Email Address marshall.pope74@gmail.com
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 21326

Description of Work New Construction Mechanical Cost \$ 0
Central Heat & Air # Units 5
Mechanical Contractor's Company Name _____ Telephone 919.398.4281
PO Box 175, Four Oaks, NC 27524 _____
Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Plumbing Contractor Information: Plumbing Cost \$ 0
Description of Work New Construction # Baths 1
Double J Plumbing _____ Telephone 910.814.7705

Plumbing Contractor's Company Name _____
614 Byrd Rd, Bunnlevel, NC 28323 _____
Address _____ Email Address 21649
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information
Insulation Inc. _____ Telephone 919.770.1974
Insulation Contractor's Company Name & Address _____

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

<u>Sprinkler Contractor Information</u>	
N/A	
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Fire Alarm Contractor Information</u>	
Fire Alarm Contractor's Company Name	Telephone
N/A	
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

Susan Rodriguez _____ 10/25/22
 Signature of Owner/Contractor/Officer(s) of Corporation Date

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
<input checked="" type="checkbox"/> 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.	
<input checked="" type="checkbox"/> 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: <u>Weaver Homes Inc.</u>	
Sign w/Title: <u>Susan Rodriguez</u>	Date: <u>10/25/22</u>