



\*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: Anderson Creek Capital LLC

Date: 12-13-22

Site Address: 6749+6743 Overhills Rd.

Phone: 910-436-3131

Description of Proposed Work: Complete Restaurant Upfit

**General Contractor Information:** Building Cost \$ 300,000

WELLCO CONTRACTORS INC

910-436-3131

Building Contractor's Company Name

Telephone

PO BOX 766, SPRING LAKE, NC 28390

JASON@WSWELLONSREALTY.COM

Address

Email Address

COU

7402

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

License #

**Electrical Contractor Information:** Electrical Cost \$ 35,000

Description of Work COMPLETE ELECTRICAL Service Size: 400 Amps #T-Poles N/A

JM POPE ELECTRICAL LLC

919-776-5144

Electrical Contractor's Company Name

Telephone

409 CHATHAM ST., SANFORD, NC 28390

PMILLERC46600@GMAIL.COM

Address

Email Address

[Signature]

21326L

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

License #

**Mechanical Contractor Information:** Mechanical Cost \$ 29,000

Description of Work COMPLETE HEATING & COOLING # Units 3

TOTAL SYSTEMS HEATING & COOLING

910-436-3450

Mechanical Contractor's Company Name

Telephone

13341 HWY 210 S, SPRING LAKE, NC 28390

SERVICE@TOTALSYSTEMSNC.COM

Address

Email Address

[Signature]

28846

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

License #

**Plumbing Contractor Information:** Plumbing Cost \$ 5,000

Description of Work COMPLETE PLUMBING # Baths 2

MLS PLUMBING CO INC

910-484-1124

Plumbing Contractor's Company Name

Telephone

1500 GILLESPIE ST., FAYETTEVILLE, NC

MLSPLUMBING@HOTMAIL.COM

Address

Email Address

Michel Smy

NC28833PI

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

License #

**Insulation Contractor Information**

PARKER BROTHERS INSULATION

910-564-4132

Insulation Contractor's Company Name & Address

Telephone

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



**Sprinkler Contractor Information**

Sprinkler Contractor's Company Name N/A

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

Signature of Officer(s) of Corporation \_\_\_\_\_

License # \_\_\_\_\_

**Fire Alarm Contractor Information**

Fire Alarm Contractor's Company Name N/A

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 12-13-22

**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: [Signature]

Date: 12-13-22