

\*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: Brothers 2 LLC. Date: 1/5/2023

Site Address: 2668 NC Hwy. 24/87 Cameron NC 28326 Phone: 910.303.4380

Directions to job site from Lillington: Hwy 24/87 towards Spring lake  
Brinkley Commons on Right.

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Interior Renovation for Burney's Sweets + More

Heated SF 1300 Unheated SF 0

**General Contractor Information:** Building Cost \$ 76,462.00

Nichols Buildings, Inc. Telephone 910.323.1944

Building Contractor's Company Name  
1010 Cedar Creek Road Fay. NC 28312 Email Address nicbldgsearthlink.net

Address  
Wynnan A. Nichols III License # 57077

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

**Electrical Contractor Information:** Electrical Cost \$ 7,000.

Description of Work upfit to existing Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

VRG Electrical Telephone \_\_\_\_\_

Electrical Contractor's Company Name  
6401 Reeves Dr. Sanford NC 27332 Email Address 32452

Address  
[Signature] License # \_\_\_\_\_

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

**Mechanical Contractor Information:** Mechanical Cost \$ 10,000.

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

King HVAC Telephone 919.895.3600

Mechanical Contractor's Company Name  
232 King Wilson Road Sanford NC 27332 Email Address 28280

Address  
[Signature] License # \_\_\_\_\_

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

**Plumbing Contractor Information:** Plumbing Cost \$ 4,000.

Description of Work upfit to existing # Baths \_\_\_\_\_

Chris Dalrymple Plumbing Telephone \_\_\_\_\_

Plumbing Contractor's Company Name  
229 Frances Louis Ln. Sanford NC 27332 Email Address 28941

Address  
[Signature] License # \_\_\_\_\_

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

**Insulation Contractor Information**

Nichols Bldgs. Inc. / 1010 Cedar Creek Rd. Fay NC Telephone 910.323.1944

Insulation Contractor's Company Name & Address  
28312

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

Sprinkler Contractor Information Existing

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

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.

Wynnan A. Nichols III  
Signature of Owner/Contractor/Officer(s) of Corporation

1/5/2023  
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: Nichols Buildings, Inc.

Sign w/Title: Wynnan Nichols III, VP Date: 1/5/2023