

\*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: Mark Herring Date: 7/24/23

Site Address: 2305 NC HWY 24-87, Cameron, NC 28326 Phone: 919-267-4211

Directions to job site from Lillington: \_\_\_\_\_

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

Description of Proposed Work: Dental Office

Heated SF 3.130 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 700,000

HMD Development, Inc. 919-731-4631

Building Contractor's Company Name Telephone

8204 Creedmoor Rd. Suite 100 build@hmddevelopment.com

Address Email Address

74250

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

**Electrical Contractor Information:** Electrical Cost \$ 115,000

Description of Work \_\_\_\_\_ Service Size: 600 Amps #T-Poles No

Power Comm Electrical Contractors, LLC 910-292-2999

Electrical Contractor's Company Name Telephone

814 Neighbors Rd, Dunn, NC 28334 john@powercommelectrical.com

Address Email Address

26581-U

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

**Mechanical Contractor Information:** Mechanical Cost \$ 60,000

Description of Work New heat pump systems & ducting # Units 2

6 & Fix Heating & Cooling 919-308-2523

Mechanical Contractor's Company Name Telephone

9006 Glenwood Ace, Raleigh, NC 27617 nick@6andfix.com

Address Email Address

30683 H3-1 & 2

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

**Plumbing Contractor Information:** Plumbing Cost \$ 80,000

Description of Work 1st Generation Plumbing Installation # Baths 2

Central Carolina Plumbing, LLC 919-799-8343

Plumbing Contractor's Company Name Telephone

517 Derby Pl, Zebulon, NC 27597 centralplumbingllc@yahoo.com

Address Email Address

32950

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

**Insulation Contractor Information**

D & G Drywall, Inc, PO Box 30123, Winston Salem, NC 27130 336-782-3435

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

7/24/23  
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: HMD Development, Inc.

Sign w/Title: \_\_\_\_\_ Project Manager    Date: 7/24/23