

*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: TKC CCCXV, LLC Date: 11/03/2023

Site Address: 225 Brightwater Drive, Lillington, NC 27546 Phone: 704-401-7941

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: First time Fit-Up of Medical Office Building - First Floor Retail Pharmacy

Heated SF 2,093 Unheated SF _____

General Contractor Information: Building Cost \$ 201,655

Choate Construction Company 919.719.4703

Building Contractor's Company Name 5440 Wade Park Blvd., Suite 220, Raleigh, NC 27607 Telephone psloane@choateco.com

Address _____ Email Address 30582

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

Electrical Contractor Information: Electrical Cost \$ 78,190

Description of Work Fitup power & lighting Service Size: 1000 Amps #T-Poles 0

Bryant-Durham Electric Company 919-383-2526

Electrical Contractor's Company Name _____ Telephone _____

5102 Neal Rd Durham, NC steve.fanney@bryantdurham.com

Address _____ Email Address _____

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

Mechanical Contractor Information: Mechanical Cost \$ 54,564

Description of Work FIT-UP TERMINAL BOXES & DUCTWORK # Units _____

REDMONT SERVICE GROUP 919-851-5800

Mechanical Contractor's Company Name _____ Telephone _____

1031 NOWELL ROAD, RALEIGH, NC 27607 dfetzere@redmontsg.com

Address _____ Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ 46,950

Description of Work PIPE, FITTINGS, FIXTURES # Baths _____

Smithco INC 252-237-9522

Plumbing Contractor's Company Name _____ Telephone _____

P.O. Box 3815 WILSON NC 27595 Jimmie Smith@smithco plumbing

Address _____ Email Address _____

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

Insulation Contractor Information

Gerloff Contracting 919.414.2773

Insulation Contractor's Company Name & Address _____ Telephone _____

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

Sprinkler Contractor Information

Associated Fire Protection, Inc.

919-842-2667

Sprinkler Contractor's Company Name

Telephone

PO Box 28022 - Raleigh, NC 27611

dmiracle@afp-nc.com

Address

[Handwritten Signature]

Email Address

29247

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Patterson Group Services

919-776-2403

Fire Alarm Contractor's Company Name

Telephone

1824 Douglas Drive, Sanford NC 27330

Cole.G.Patterson@pgsfire.us

Address

[Handwritten Signature]

Email Address

SP-FA/LV.30023

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.

[Handwritten Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

11/6/23
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: _____

Sign w/Title: _____ Date: _____