

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.

Hamett County Central Permitting
420 McKinney Pkwy Lillington, NC 27548
PO Box 65 Lillington, NC 27548
910-893-7525 ext. 1 Fax 910-893-2793 www.hamett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: CAMPBELL UNIVERSITY / ANNAMARK Date: 11/2/20

Site Address: BRITT HALL, 85 MAIN ST Phone: _____

Directions to job site from Lillington: AT CAMPBELL ROUND ABOUT TURN TO GO TO BRITT HALL. CHICK FILA INSIDE ON LEFT - BEHIND TO THE LEFT OF GYM

Subdivision: CAMPBELL UNIVERSITY Lot: _____

Description of Proposed Work: REPLACE COUNTER, REMOVE, ADD STORAGE

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 180,000

WESTROC CONSTRUCTION LLC Telephone 252 885 0768

Building Contractor's Company Name _____

PO Box 8513 ROCKY MOUNT NC 27804 Email Address westroc@icloud.com

Address _____ License # _____

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

Electrical Contractor Information: Electrical Cost \$ 30,000 Service Size: _____ Amps #T-Poles _____

Description of Work _____ Telephone 910 237 0260/246

Electrical Contractor's Company Name _____

902 FRIENDLY ROAD DUNN NC 28334 Email Address ELECTRICALSOLUTIONSNC@gmail.com

Address _____ License # _____

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

Mechanical Contractor Information: Mechanical Cost \$ _____ # Units PLUMBING CONTR. INFO

Description of Work NOT USING THIS SECTION FOR Telephone 919 441-1264

Mechanical Contractor's Company Name _____

PLUMBING 3343 Rte 231 Address _____

Address WENOEL NC 27591 Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ 6000 # Baths 0

Description of Work ADD HAND SINK, EYE WASH Telephone 924 308 4794

Plumbing Contractor's Company Name _____

HO DAVIS RD ZEBULON 27529 Address _____

Address _____ Email Address 29810

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

Evelyn _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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