\*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.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 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: Jay Ambe Shatki LLC	Date: 3-1-24
Site Address: 8920 HWY 401 North Fuquay-Varina, NC 27526	Phone: 910-988-6049
Directions to job site from Lillington: 401 north to Chalybeate Springs	Rd. Job site on right corne
	20 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Subdivision: N/A	Lot: N/A
Description of Proposed Work: Gas Station / Convenience Store	
Heated SE 4,800 Unheated SE 1,800	
General Contractor Information: Building Cost \$ 1,2	250,000.00
Regency Homes Inc. dba Regency Construction 9	10-824-4006
	elephone
	asen@regencync.com
	mail Address
	2067 Unlimited
Signature of Owner/Contractor/Officer(s) of Corporation	icense #
Electrical Contractor Information: Electrical Cost \$ 1	03,818.00 00Amps #T-Poles _1
	010-835-4033
	elephone
	chris.roweelect@yahoo.com
	07510-U
1 (WI) NOW NOW C) FACULT C CONFORMING	icense #
Mechanical Contractor Information: Mechanical Cost	
Description of Work Install 4 Pakage Units on Roof	# Units 4
	910-964-4454
	elephone
	nichaelmeaut@aol.com
	mail Address
	23108, H3, H2, 1
Signature: @4@wner/Contractor/Officer(s) of Corporation	icense #
Plumbing Contractor Information: Plumbing Cost \$ _	74,525.00
Description of Work Building Plumbing	# Baths_2
Trinity Plumbing	910-676-8426
Plumbing Contractor's Company Name	elephone
1989 Wilmington Hwy. Fayetteville, NC 28306	rinityestimate@gmail.com_
Addressned by:	Email Address
- I DOWN F WITHOUT I THOUGH F WAMPINGS 144	32324
Signature of Gwner/Contractor/Officer(s) of Corporation	icense #
Insulation Contractor Information	
Tri-City Insulation and Building Products	910-486-8855
Insulation Contractor's Company Name & Address	elephone

	Information
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation  Fire Alarm Contractor	License # r Information
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation	Driveway Access/Permit?X_Yes No
any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue is charged at full price per current fee schedule.	fee is \$150.00. After 2 years re-issue fee
Signature of Owner/Contractor/Officer(s) of Corporation	3/11/24 Date
Agricultura Actual Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compe	, , , , , , , , , , , , , , , , , , , ,
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Competent undersigned applicant being the:	, , , , , , , , , , , , , , , , , , , ,
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Competent Undersigned applicant being the:	nsation N.C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compe The undersigned applicant being the:  X General Contractor Owner Officer(s) of Corporation  On the undersigned applicant being the:	risation N.C.G.S. 87-14  Ficer/Agent of the Contractor or Owner  (s), firm(s) or corporation(s) performing the
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compe The undersigned applicant being the:  X General Contractor Owner Of Do hereby confirm under penalties of perjury that the person set forth in the permit:	risation N.C.G.S. 87-14  Ficer/Agent of the Contractor or Owner  In(s), firm(s) or corporation(s) performing the vorkers' compensation insurance to cover the
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compete The undersigned applicant being the:  X General Contractor Owner Officer(s) of Corporation  On hereby confirm under penalties of perjury that the person set forth in the permit:  X Has three (3) or more employees and has obtained we have one (1) or more subcontractors(s) and has obtained we have one (1) o	ficer/Agent of the Contractor or Owner  n(s), firm(s) or corporation(s) performing the  vorkers' compensation insurance to cover the
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