

*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: Campbell University Date: 7/8/24

Site Address: 4350 US 421 S Lillington, NC 27546 Phone: _____

Directions to job site from Lillington: TAKE 421 S from Lillington to Buies Creek and Job is at the corner of Pearson St + 421.

Subdivision: _____ Lot: _____

Description of Proposed Work: 60'x120' Bus Storage Bldg

Heated SF 2415 Unheated SF 4981
General Contractor Information: Building Cost \$ 980,000

Southeastern Construction of Buies Creek
Building Contractor's Company Name 919-282-2443
Telephone

PO Box 157 Buies Creek, NC 27506
Address michael@si-nc.com
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation 62649
License #

Electrical Contractor Information: Electrical Cost \$ 40,000
Description of Work New Electrical Services Service Size: 200 Amps #T-Poles _____

Youngs Electric Inc
Electrical Contractor's Company Name 919-639-2297
Telephone

PO Box 398 Angier NC 27501
Address lemuel@youngselectric.com
Email Address

* [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation 4504
License #

Mechanical Contractor Information: Mechanical Cost \$ 25,000
Description of Work New HVAC System # Units 1

Youngs Electric Inc
Mechanical Contractor's Company Name 919-639-2297
Telephone

PO Box 398 Angier NC 27501
Address lemuel@youngselectric.com
Email Address

* [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation 20633
License #

Plumbing Contractor Information: Plumbing Cost \$ 18,000
Description of Work New Plumbing # Baths 2

Young's Electric Inc
Plumbing Contractor's Company Name 919-639-2297
Telephone

PO Box 398 Angier NC 27501
Address lemuel@youngselectric.com
Email Address

* [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation 20633
License #

Insulation Contractor Information

Tri City Insulation
Insulation Contractor's Company Name & Address 910-486-8855
Telephone

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

Sprinkler Contractor Information

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.


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

7/8/24
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: Southeastern Construction of Buies Creek

Sign w/Title:  / Pres Date: 7/8/24