

\*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: Harnett County Board of Education Date: 06/04/25

Site Address: 3544 US 401 S, Lillington, NC 27546 Phone: 910-893-8151

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

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

Description of Proposed Work: Middle School Field House

Heated SF 1,288 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ \$610,000.00

Metcon Inc. 910-821-5013

Building Contractor's Company Name Telephone

763 Comtech Dr, Pembroke, NC 28372 tganus@metconus.com

Address Email Address

48609

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

**Electrical Contractor Information:** Electrical Cost \$ 75,000.00

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Moonlite Electric & Construction, Inc. 919-591-0795

Electrical Contractor's Company Name Telephone

104 C Woodwinds Industrial Court, Cary, NC 27511 klarson@moonliteconstruction.co

Address Email Address

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

**Mechanical Contractor Information:** Mechanical Cost \$ 32,846.00

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

Haire Plumbing & Mechanical 910-483-1421

Mechanical Contractor's Company Name Telephone

367 Winslow St, Fayetteville, NC 28301 ashley@haireplumbing.com

Address Email Address

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

**Plumbing Contractor Information:** Plumbing Cost \$ 150,000.00

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

ABL & Associates LLC 919-835-2225 x110

Plumbing Contractor's Company Name Telephone

300 Hoke Street, Raleigh, NC 27601 ajlampuri@ablmech.com

Address Email Address

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

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address Telephone

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

**Sprinkler Contractor Information**

Phoenix Fire Protection Inc.  
Sprinkler Contractor's Company Name  
2863 Lee Ave, Sanford, NC 27332  
Address

919-774-3042  
Telephone  
ltaylor@phoenixfirenc.com  
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.

*Greg Danner Jr.*  
Signature of Owner/Contractor/Officer(s) of Corporation

6/4/25  
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: METCON INC.

Sign w/Title: *Greg Danner Jr.* / PROJECT MANAGER    Date: 6/4/25