



*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
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: R.C. Construction Co., Inc. Date: _____
Site Address: 2225 Mclean Chapel Church Rd, Bunnlevel, NC 28323 Phone: 910-221-5142
Description of Proposed Work: Replace Office Trailer with new Office Trailer

General Contractor Information: Building Cost \$ 172,184.00

R.C. Construction Co., Inc. 662-453-2424
Building Contractor's Company Name Telephone
P.O. Box 1998, Greenwood, MS 38935 markzehm@rcconst.net
Address Email Address
John Mark Zehm 28208
Digitally signed by John Mark Zehm
Date: 2025.07.08 16:02:46 -04'00'
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 880.00

Description of Work Disconnect Old Office & Conn Service Size: 125 Amps #T-Poles 0
Patrick Electrical Contractors LLC 910-893-1594
Electrical Contractor's Company Name Telephone
1309 N Main St., Lillington, NC 27546 tommypatrick910@gmail.com
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation 4910U
License #

Mechanical Contractor Information: Mechanical Cost \$

Description of Work N/A # Units _____
Mechanical Contractor's Company Name Telephone
N/A Email Address
Address

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

Plumbing Contractor Information: Plumbing Cost \$ 3,210.00

Description of Work Hook up Water and Sanitary Sewer to New Office # Baths 2 office rest rooms 4
RLT & Associates, Inc. 919-552-4489
Plumbing Contractor's Company Name Telephone
111 Tasha Ln, Fuquay Varina, NC 27526 rickytemple105@gmail.com
Address Email Address
Ricky Temple 10261
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

N/A
Insulation Contractor's Company Name & Address Telephone

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



Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name

Telephone

N/A

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

Fire Alarm Contractor's Company Name

Telephone

N/A

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.

John Mark Zehm

Digitally signed by John Mark Zehm
Date: 2025.07.08 16:04:01 -04'00'

July 8, 2025

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

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.

Sign w/Title: John Mark Zehm

Digitally signed by John Mark Zehm
Date: 2025.07.08 16:03:32 -04'00'

Date: July 8, 2025