

\*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 - Parks & Recreation Dept. Date: 8/25/2025

Site Address: 721 Ponderosa Rd. Cameron, NC 28326 Phone: 910-893-7518

Directions to job site from Lillington: Take NC 27 W approximately 19 miles and turn  
right on Ponderosa Rd.; job is 0.7 miles on the left near the Harnett County  
Recycling Center - Johnsonville Convenience Site

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

Description of Proposed Work: Construction of new restroom facility for Patriots Park

Heated SF 144 Unheated SF 138

**General Contractor Information:** Building Cost \$ 126,530.00

Morris Construction Consultants, LLC

919-868-1510

Building Contractor's Company Name

Telephone

65 Glen Rd., Suite 171, Garner, NC 27529

bbmorris@morriscc.net

Address

Email Address

75607-U

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

License #

**Electrical Contractor Information:** Electrical Cost \$ 13,000.00

Description of Work Service, wiring, lighting Service Size: 100 Amps #T-Poles \_\_\_\_\_

L&M Electric Inc.

919-772-3356

Electrical Contractor's Company Name

Telephone

13679 Cleveland Rd., Garner, NC 27529

barrylandm@gmail.com

Address

Email Address

5830-U

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

License #

**Mechanical Contractor Information:** Mechanical Cost \$ 5,460.00

Description of Work Unit heater and exhaust fan installation # Units \_\_\_\_\_

Air Plus HVAC Inc.

919-661-5377

Mechanical Contractor's Company Name

Telephone

15 Rupert Rd., Raleigh, NC 27603

john@airplusnc.com

Address

Email Address

8811/H-1, H-2 Class 1

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

License #

**Plumbing Contractor Information:** Plumbing Cost \$ 35,550.00

Description of Work Piping and fixtures for two restrooms # Baths 2 toilets, 2 sinks

Spangler Professional Plumbing LLC

919-524-8206

Plumbing Contractor's Company Name

Telephone

90 Meadowmist Dr., Garner, NC 27529

spanglerplumbing@gmail.com

Address

Email Address

30091 -U

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**

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	Date
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**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: Morris Construction Consultants, LLC

Sign w/Title:  PRESIDENT Date: 8/25/25