\*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

Owner's Name: Walmart RE Business Trust	Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	
Directions to job site from Lillington:	
Subdivision:	Lot:
Description of Proposed Work: Walmart Remodel	
Heated SF Unheated SF Building Cost \$	3,873,935.00
Newco Construction of America, Inc.	770-772-6963
Building Contractor's Company Name	Telephone
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwiley@newcoconstruction.com
Address	Email Address
	59843
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information: Electrical Cost	License # \$ \$ 440,000
Description of Work FARTIAL REMODEL Service Size:	Amps #T-Poles
Ponce Electric, Inc.	478-299-8158
Electrical Contractor's Company Name	Telephone
195 Bass Road, Swainsboro, GA 30401	bill@ponceelectricinc.com
Address Will 3. Jone R.	Email Address 30914 U
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical C	ost \$
Description of Work	# Units
Place Services, Inc.	678-880-4777
Mechanical Contractor's Company Name	Telephone
201 Gateway Drive, Canton, GA 30115	daniel.leslie@psi.works
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information: Plumbing Cost	License # \$
Description of Work	# Baths
Place Services, Inc.	678-880-4777
Plumbing Contractor's Company Name	Telephone
201 Gateway Drive, Canton, GA 30115	ryan.mullaney@psi.works
Address	Email Address
Simple of Owner/Contractor/Officer/s) of Corporation	License #
Signature of Owner/Contractor/Officer(s) of Corporation	Ficelize #
Insulation Contractor Information	
N/A	<del>-</del>
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Info	ormation
Jasper Fire Protection, Inc.	205-717-0142
Sprinkler Contractor's Company Name	Telephone
1272 North Ridge Drive, Jasper, AL 35504	jasperfire@yahoo.com
Address	Email Address
	_
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Inf	
ICE Contractors	256-353-7828
Fire Alarm Contractor's Company Name	Telephone
1415 Kathy Lane SW, Decatur, AL 35601 Address	permits@icecontractors.net Email Address
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Driv	eway Access/Permit?Yes _xNo
I hereby certify that I have the authority to make necessary appeared that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. Contractors is correct as known to me and if any changes occur number of bedrooms, building and trade plans, Environmental Hichanges, I certify it is my responsibility to notify the Harnett Coany and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is charged at full price per current fee schedule.	the Building, Electrical, Plumbing and I state the information on the above r including listed contractors, site plan, dealth permit changes or proposed use bunty Central Permitting Department of
	10/23/es-
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensa The undersigned applicant being the:	ation N.C.G.S. 87-14
x General Contractor Owner Office	r/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), set forth in the permit:	firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained works	ers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained them.	workers' compensation insurance to cover
X Has one (1) or more subcontractors(s) who has their own covering themselves.	policy of workers' compensation insurance
Has no more than two (2) employees and no subcontract	tors.
While working on the project for which this permit is sought it is Department issuing the permit may require certificates of covera to issuance of the permit and at any time during the permitted w carrying out the work.	age of worker's compensation insurance prior
Company or Name: Newco Construction of America, Inc.	
Sign willitte:	Date: laleila-

- -

\*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

Owner's Name: Walmart RE Business Trust		Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	Phone:	479-330-2070
Directions to job site from Lillington:		_
	1 -1	
Subdivision:	Lot:	
Description of Proposed Work: Walmart Remodel		
Unheated SE	3 873 035 00	
General Contractor Information: Building Cost's	2070,900.00	£
Newco Construction of America, Inc.	770-772-6963	
Building Contractor's Company Name	Telephone	
1000 Northfield Ct., Ste. 100, Roswell, GA 30076		onstruction.com
Address	Email Address	
	59843	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Electrical Contractor Information: Electrical Cost \$ Description of Work Service Size:	Amps	#T-Poles
Ponce Electric, Inc.	478-299-8158	33-36 St. 30-36-36-36
	Telephone	7
195 Bass Road, Swainsboro, GA 30401	bill@ponceelect	ricinc.com
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical Co	st \$ 58,983	_
Description of WorkUpfit of 1 rtu and some duct work and air cur	tains# Units_1_	
Place Services, Inc.	678-880-4777	
Mechanical Contractor's Company Name	Telephone	
845 Old Vinland School Rd., Easley, SC 29640	daniel.leslie@p	si.works
Address , //	Email Address	
PhMs CM	29877	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Information: Plumbing Cost \$		-
Description of Work Upfit of bathrooms and some new pipe	# Baths_21	
Place Services, Inc.	678-880-4777	
Plumbing Contractor's Company Name	Telephone	
845 Old Vinland School Rd., Easley, SC 29640	ryan.mullaney@	psi.works
Address //	Email Address	
I'MP CM	29877	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
N/A		
Insulation Contractor's Company Name & Address	Telephone	

Sprinkler Contractor Infor	mation
Jasper Fire Protection, Inc.	205-717-0142
Sprinkler Contractor's Company Name	Telephone
1272 North Ridge Drive, Jasper, AL 35504	jasperfire@yahoo.com
Address	Email Address
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Infor	rmation
ICE Contractors	256-353-7828
Fire Alarm Contractor's Company Name	Telephone
1415 Kathy Lane SW, Decatur, AL 35601	permits@icecontractors.net
Address	Email Address
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Drivev	way Access/Permit?Yes _XNo
I hereby certify that I have the authority to make necessary appliand that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. Contractors is correct as known to me and if any changes occur in number of bedrooms, building and trade plans, Environmental Hechanges, I certify it is my responsibility to notify the Harnett Courany and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is is charged at full price per current fee schedule.	e Building, Electrical, Plumbing and I state the information on the above ncluding listed contractors, site plan, alth permit changes or proposed use nty Central Permitting Department of
Α.	
$\mathcal{A}$	10/25/25
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensati	ion N.C.G.S. 87-14
The undersigned applicant being the:	
X General Contractor Owner Officer/A	Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), fil set forth in the permit:	rm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained workers	s' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained we them.	orkers' compensation insurance to cover
X Has one (1) or more subcontractors(s) who has their own p covering themselves.	policy of workers' compensation insurance
Has no more than two (2) employees and no subcontractor	rs.
While working on the project for which this permit is sought it is un Department issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted work.	e of worker's compensation insurance prior
Company or Name: Newco Construction of America, Inc.	
Dog of	Date: 10/23/20-

\*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

Owner's Name: Walmart RE Business Trust		Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	Phone:	479-330-2070
Directions to job site from Lillington:		
Subdivision:	Lot:	
Description of Proposed Work: Walmart Remodel		
Heated SF Unheated SF		
General Contractor Information: Building Cost \$	3,873,935.00	
Newco Construction of America, Inc.	770-772-6963	
Building Contractor's Company Name	Telephone	
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwilev@newcoo	construction.com
Address	Email Address	STORY WOLLD COLL
	59843	
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information: Electrical Cost Service Size:	License # \$8 440,000	
Description of Work FARTIAL REMODEL Service Size:	Amps	#T-Poles
Ponce Electric, Inc.	478-299-8158	
Electrical Contractor's Company Name	Telephone	
195 Bass Road, Swainsboro, GA 30401	bill@ponceelect	ricinc.com
Address Will B. Forme A.	Email Address	ノ
Signature of Owner/Contractor/Officer(s) of Corporation	License #	Common Control of Cont
Mechanical Contractor Information: Mechanical Contractor Information:	ost \$	<del>, , , , , , , , , , , , , , , , , , , </del>
Description of Work	# Units	
Place Services, Inc.	678-880-4777	
Mechanical Contractor's Company Name	Telephone	
845 Old Vinland School Rd., Easley, SC 29640	daniel.leslie@p	si.works
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information: Plumbing Cost	License #	
Description of Work	# Baths	9
Place Services, Inc.	678-880-4777	
Plumbing Contractor's Company Name	Telephone	
845 Old Vinland School Rd., Easley, SC 29640	ryan.mullaney@	psi.works
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
N/A Insulation Contractor's Company Name 2 Address	Talanhara	
Insulation Contractor's Company Name & Address	Telephone	

The state of the s	ormation
Jasper Fire Protection, Inc.	205-717-0142
Sprinkler Contractor's Company Name	Telephone
1272 North Ridge Drive, Jasper, AL 35504	jasperfire@yahoo.com
Address	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor Inf	License #
ICE Contractors	256-353-7828
Fire Alarm Contractor's Company Name	Telephone
1415 Kathy Lane SW, Decatur, AL 35601	permits@icecontractors.net
Address	Email Address
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Driv	reway Access/Permit?Yes _xNo
and that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if any changes occunumber of bedrooms, building and trade plans, Environmental Fichanges, I certify it is my responsibility to notify the Harnett Coany and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is charged at full price per current fee schedule.	I state the information on the above ir including listed contractors, site plan, dealth permit changes or proposed use bunty Central Permitting Department of
X	10/23/25
Signature of Owner/Contractor/Officer(s) of Corporation	10/23/cj-
Affidavit for Worker's Compensa	Date
Affidavit for Worker's Compensa	Date ation N.C.G.S. 87-14
Affidavit for Worker's Compensation of the undersigned applicant being the:  General Contractor Owner Office  Do hereby confirm under penalties of perjury that the person(s),	Date ation N.C.G.S. 87-14  or/Agent of the Contractor or Owner
Affidavit for Worker's Compensation of the undersigned applicant being the:  General Contractor Owner Office  Do hereby confirm under penalties of perjury that the person(s),	Date ation N.C.G.S. 87-14  ar/Agent of the Contractor or Owner firm(s) or corporation(s) performing the work
Affidavit for Worker's Compensation of the undersigned applicant being the:  General Contractor Owner Office  Do hereby confirm under penalties of perjury that the person(s), set forth in the permit:	Date  ation N.C.G.S. 87-14  ar/Agent of the Contractor or Owner  firm(s) or corporation(s) performing the work  ers' compensation insurance to cover them.
Affidavit for Worker's Compensation  The undersigned applicant being the:	Date  ation N.C.G.S. 87-14  ar/Agent of the Contractor or Owner  firm(s) or corporation(s) performing the work  ers' compensation insurance to cover them.  workers' compensation insurance to cover
Affidavit for Worker's Compensation  The undersigned applicant being the:	Date  ation N.C.G.S. 87-14  ar/Agent of the Contractor or Owner firm(s) or corporation(s) performing the work ers' compensation insurance to cover them. workers' compensation insurance to cover in policy of workers' compensation insurance
Affidavit for Worker's Compensation of the undersigned applicant being the:	Date  ation N.C.G.S. 87-14  ar/Agent of the Contractor or Owner  firm(s) or corporation(s) performing the work  ers' compensation insurance to cover them.  workers' compensation insurance to cover  policy of workers' compensation insurance  tors.  understood that the Central Permitting age of worker's compensation insurance price

\*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

Owner's Name: Walmart RE Business Trust	Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	Phone: 479-330-2070
Directions to job site from Lillington:	
	-
Subdivision:	Lot:
Description of Proposed Work: Walmart Remodel	
Heated SF Unheated SF Building Cost \$ _	3,873,935.00
Newco Construction of America, Inc.	770-772-6963
Building Contractor's Company Name	Telephone
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwiley@newcoconstruction.com
Address	Email Address
Addiess	59843
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost Service Size:	\$
Description of Work Service Size: _	Amps #T-Poles
Ponce Electric, Inc.	478-299-8158
Electrical Contractor's Company Name	Telephone
195 Bass Road, Swainsboro, GA 30401	bill@ponceelectricinc.com
Address	Email Address
	License #
Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical Contractor Information: Mechanical C	
	# Units
Description of Work	
Place Services, Inc.	678-880-4777
Mechanical Contractor's Company Name 845 Old Vinland School Rd., Easley, SC 29640	Telephone daniel.ledie@psi.works
	Email Address
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost	\$
Description of Work	# Baths
Place Services, Inc.	678-880-4777
Plumbing Contractor's Company Name	Telephone
845 Old Vinland School Rd., Easley, SC 29640	ryan.mullaney@psi.works
Address	Email Address
O' to the of Owner (Contractor) Office / o of Corneration	License #
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
N/A	
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Inform	mation
Jasper Fire Protection, Inc.	205-717-0142
Sprinkler Contractor's Company Name	Telephone
1272 North Ridge Drive, Jasper, AL 35504	jasperfire@yahoo.com
Address	Email Address
7144,000	
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Infor	<u>rmation</u>
ICE Contractors	256-353-7828
Fire Alarm Contractor's Company Name	Telephone
1415 Kathy Lane SW, Decatur, AL 35601	permits@icecontractors.net
Address	Email Address
Austin Smith	U.34161
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Drivey	
I hereby certify that I have the authority to make necessary appliand that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if any changes occur number of bedrooms, building and trade plans, Environmental He changes, I certify it is my responsibility to notify the Harnett Courany and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is is charged at full price per current fee schedule.	I state the information on the above ncluding listed contractors, site plan, alth permit changes or proposed use nty Central Permitting Department of
V	
	10/23/25
Signature of Owner/Contractor/Officer(s) of Corporation	Date 10/23/25
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Affidavit for Worker's Compensat	Date
Affidavit for Worker's Compensat The undersigned applicant being the:	Date ion N.C.G.S. 87-14
Affidavit for Worker's Compensat	Date ion N.C.G.S. 87-14
Affidavit for Worker's Compensat The undersigned applicant being the:	Date ion N.C.G.S. 87-14 Agent of the Contractor or Owner
Affidavit for Worker's Compensat The undersigned applicant being the:  General Contractor Owner Officer/ Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:  Has three (3) or more employees and has obtained worker	Date  ion N.C.G.S. 87-14  Agent of the Contractor or Owner  rm(s) or corporation(s) performing the work  es' compensation insurance to cover them.
Affidavit for Worker's Compensat The undersigned applicant being the:  General Contractor Owner Officer// Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:  Has three (3) or more employees and has obtained worker  Has one (1) or more subcontractors(s) and has obtained we them.	Agent of the Contractor or Owner  rm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  rorkers' compensation insurance to cover
Affidavit for Worker's Compensat The undersigned applicant being the:  General Contractor Owner Officer// Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:  Has three (3) or more employees and has obtained worker  Has one (1) or more subcontractors(s) and has obtained worker	Agent of the Contractor or Owner  rm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  rorkers' compensation insurance to cover
Affidavit for Worker's Compensate The undersigned applicant being the:  General Contractor Owner Officer/s Do hereby confirm under penalties of perjury that the person(s), fiset forth in the permit:  Has three (3) or more employees and has obtained worker Has one (1) or more subcontractors(s) and has obtained withem.  Has one (1) or more subcontractors(s) who has their own scovering themselves Has no more than two (2) employees and no subcontractors	ion N.C.G.S. 87-14  Agent of the Contractor or Owner  rm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  rorkers' compensation insurance to cover  policy of workers' compensation insurance  rs.
Affidavit for Worker's Compensate The undersigned applicant being the:	Agent of the Contractor or Owner  rm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  rorkers' compensation insurance to cover  colicy of workers' compensation insurance  rs.  Inderstood that the Central Permitting  the of worker's compensation insurance prior
Affidavit for Worker's Compensate The undersigned applicant being the:  General Contractor Owner Officer// Do hereby confirm under penalties of perjury that the person(s), fiset forth in the permit:  Has three (3) or more employees and has obtained worker  Has one (1) or more subcontractors(s) and has obtained withem.  Has one (1) or more subcontractors(s) who has their own provering themselves.  Has no more than two (2) employees and no subcontractor.  While working on the project for which this permit is sought it is understand to issuance of the permit and at any time during the permitted wo carrying out the work.	Agent of the Contractor or Owner  rm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  rorkers' compensation insurance to cover  policy of workers' compensation insurance  rs.  Inderstood that the Central Permitting  the of worker's compensation insurance prior  rk from any person, firm or corporation
Affidavit for Worker's Compensate The undersigned applicant being the:  General Contractor Owner Officer/n Do hereby confirm under penalties of perjury that the person(s), fiset forth in the permit:  Has three (3) or more employees and has obtained worker Has one (1) or more subcontractors(s) and has obtained worker Has one (1) or more subcontractors(s) who has their own provening themselves Has no more than two (2) employees and no subcontractor While working on the project for which this permit is sought it is undepartment issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted working to the permit and at any time during the permitted working the permitted working the permit and at any time during the permitted working the permit and at any time during the permitted working the permitted working the permit and at any time during the permitted working the permit and at any time during the permitted working the permit and at any time during the permitted working the permit and at any time the permitted working the permitted working the	Agent of the Contractor or Owner  rm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  rorkers' compensation insurance to cover  colicy of workers' compensation insurance  rs.  Inderstood that the Central Permitting  the of worker's compensation insurance prior

\*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

Owner's Name: Walmart RE Business Trust	Date:
Site Address: 2800 NC Hwy 24-87, Cameron, NC 28326	
Directions to job site from Lillington:	
Directions to job site from Lillington.	
Subdivision:	Lot:
Linhopted SE	
Heated SF Unheated SF Building Cost \$ _	3,873,935.00
Newco Construction of America, Inc.	770-772-6963
Building Contractor's Company Name	Telephone
1000 Northfield Ct., Ste. 100, Roswell, GA 30076	dwiley@newcoconstruction.com
Address	Email Address
Address	59843
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost	\$
Electrical Contractor Information: Electrical Cost S  Description of Work Service Size: _	Amps #T-Poles
Ponce Electric, Inc.	478-299-8100
Electrical Contractor's Company Name	Telephone
195 Bass Road, Swainsboro, GA 30401	bill@ponceelectricinc.com
Address	Email Address
in the standard Officer (c) of Corporation	License #
Signature of Owner/Contractor/Officer(s) of Corporation <u>Mechanical Contractor Information:</u> Mechanical C	
Description of Work	
	678-880-4777
Place Services, Inc.  Mechanical Contractor's Company Name	Telephone
845 Old Vinland School Rd., Easley, SC 29640	daniel.leslie@psi.works
Address	Email Address
, add odd	
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information: Plumbing Cost	License #
Description of Work	# Baths
Place Services, Inc.	678-880-4777
Plumbing Contractor's Company Name	Telephone
845 Old Vinland School Rd., Easley, SC 29640	ryan.mullaney@psi.works
Address	Email Address
Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
N/A	
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Inform	<u>mation</u>
Jasper Fire Protection, Inc.	205-512-4895
Sprinkler Contractor's Company Name	Telephone
128 Hollis Crump Drive, Jasper, AL, 35501	jasperfire@yahoo.com
Address	Email Address
Spencer Brown	L.33783
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Infor	mation
ICE Contractors	256-353-7828
Fire Alarm Contractor's Company Name	Telephone
1415 Kathy Lane SW, Decatur, AL 35601	permits@icecontractors.net
Address	Email Address
Signature of Officer(s) of Corporation	License #
	A /Damita Van V Na
Driveway Access - NC Department of Transportation Drivey	way Access/Permit/ Yes X No
I hereby certify that I have the authority to make necessary appliand that the construction will conform to the regulations in the Mechanical codes, and the Harnett County Zoning Ordinance. contractors is correct as known to me and if <a href="mailto:any">any</a> changes occur in number of bedrooms, building and trade plans, Environmental He changes, I certify it is my responsibility to notify the Harnett Courany and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is is charged at full price per current fee schedule.	I state the information on the above including listed contractors, site plan, ealth permit changes or proposed use nty Central Permitting Department of
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Signature of Owner/Contractor/Ontoci(s) of Corporation	
Affidavit for Worker's Compensat The undersigned applicant being the:	ion N.C.G.S. 87-14
x General Contractor Owner Officer/	
A General Contractor Owner Officern	Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:	
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:  Has three (3) or more employees and has obtained worker	irm(s) or corporation(s) performing the work rs' compensation insurance to cover them.
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:	irm(s) or corporation(s) performing the work rs' compensation insurance to cover them.
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:  Has three (3) or more employees and has obtained worker  Has one (1) or more subcontractors(s) and has obtained w	irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. rorkers' compensation insurance to cover
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:  Has three (3) or more employees and has obtained worker  Has one (1) or more subcontractors(s) and has obtained withem.  Has one (1) or more subcontractors(s) who has their own its contractors.	irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. vorkers' compensation insurance to cover policy of workers' compensation insurance
Do hereby confirm under penalties of perjury that the person(s), firset forth in the permit:  X Has three (3) or more employees and has obtained worker.  Has one (1) or more subcontractors(s) and has obtained withem.  X Has one (1) or more subcontractors(s) who has their own provering themselves.  Has no more than two (2) employees and no subcontractor.  While working on the project for which this permit is sought it is under the permit is sought it is under the permit is suing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted wo carrying out the work.	irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. vorkers' compensation insurance to cover policy of workers' compensation insurance ars. Inderstood that the Central Permitting the of worker's compensation insurance prior
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:	irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. vorkers' compensation insurance to cover policy of workers' compensation insurance ers. Inderstood that the Central Permitting ge of worker's compensation insurance prior rk from any person, firm or corporation
Do hereby confirm under penalties of perjury that the person(s), fi set forth in the permit:	irm(s) or corporation(s) performing the work rs' compensation insurance to cover them. vorkers' compensation insurance to cover policy of workers' compensation insurance ars. Inderstood that the Central Permitting the of worker's compensation insurance prior