

*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: Circle K Restaurants Date: 10-21-24
Site Address: 2531 NC Highway 87 South Phone: 919-272-3424
Directions to job site from Lillington: Camden, NC 28326

Subdivision: N/A Lot: N/A

Description of Proposed Work: Removal of casework, counters & electrical installation
Heated SF 3,614 Unheated SF N/A
General Contractor Information: Building Cost \$ 50,000

Eden Construction Co LLC 919-935-9009
Building Contractor's Company Name Telephone

300 Coachman Trail, Louisburg, NC 27549 rasolelectricconstructi
Address Email Address on@gmail.com

Maribel Maldonado 86639-L
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 20,000
Description of Work Electrical Install Service Size: 400 Amps #T-Poles _____

tion of outlets to Rasol Electrical Construction 919-272-3424
Electrical Contractor's Company Name Telephone

2612 Elmhurst Circle, Raleigh NC 27610 rasolelectricconstruct
Address Email Address ion@gmail.com

Maldonado 16507-U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____
N/A

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone _____
N/A

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

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____ N/A

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____ N/A

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.

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

10-21-24
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: Eden Construction Co LLC

Sign w/Title: Maribel Maldonado (Owner) Date: 10-21-24