



\*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: Venture Properties, LLC Date: 3/4/2020

Site Address: 1625 Buffalo Lake Rd., Sanford, NC 27332 Phone: 336-667-8000

Description of Proposed Work: 4500 SF Harnett Health Clinic

General Contractor Information: Building Cost \$ 1,082,361.50

RAYWEST DESIGNBUILD, LLC 910-824-0503

Building Contractor's Company Name Telephone

2818 Reaford Rd. STE 300, Fayetteville, NC 28303 hector.ray@raywestdesignbuild.com

Address Email Address

Hector Ray 76368 Unlimited

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

Electrical Contractor Information: Electrical Cost \$ 52,208.00

Description of Work Clinic Service Size: 400 Amps #T-Poles 1

Rowe's Electric Corporation 910-835-4033

Electrical Contractor's Company Name Telephone

1457 Hayes Rd., Spring Lake, NC 28390 chris.roweelect@yahoo.com

Address Email Address

Chris Rowe 07510-U

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

Mechanical Contractor Information: Mechanical Cost \$ 66,192.50

Description of Work Clinic # Units 3

Larry Parker 910-858-0000

Mechanical Contractor's Company Name Telephone

PO Box 1071, Hope Mills, NC 28348 larryp0600@gmail.com

Address Email Address

Larry Parker H3C120012

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

Plumbing Contractor Information: Plumbing Cost \$ 40,670.00

Description of Work Clinic # Baths 4

Bryan McKenzie( McKenzie Plumbing Company Inc.) 910-764-2200

Plumbing Contractor's Company Name Telephone

PO Box 20111, Fayetteville, NC 28312 projects@mckenzieplumbing.com

Address Email Address

Beth Black 13588

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

Insulation Contractor Information

Scott's Painting & Drywall 238 Emma Jane Rd., St. Pauls, NC 28 910-258-8793

Insulation Contractor's Company Name & Address Telephone

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

B.COM 2002 0002

W.COM 2003 0004

M.COM 2003 0004

P.COM 2003 0003

8505.00

905.00

905.00

500.00



### 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.

Hector Ray

3/5/2020 | 4:21 PM EST

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.

Signature of the work performed by:

Hector Ray

Sign w/Title:

Owner

Date: 3/5/2020 | 4:21 PM EST

DO NOT REMOVE!

**Details: Appointment of Lien Agent**

Entry #: 1200754

Filed on: 03/04/2020

Initially filed by: RAYWEST

**Designated Lien Agent**

Fidelity National Title Company, LLC

**Online:** [www.liensnc.com](http://www.liensnc.com) (<mailto:support@liensnc.com>)

**Address:** 19 W. Hargett St., Suite 507 /  
Raleigh, NC 27601

**Phone:** 888-690-7384

**Fax:** 913-489-5231

**Email:** [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)

**Owner Information**

Ray West Design Build, LLC

2818 Raeford Road  
Suite 300  
Fayetteville, NC 28303

United States

Email: [mary.racz@raywestdesignbuild.com](mailto:mary.racz@raywestdesignbuild.com)

Phone: 910-824-0503

**Project Property**

Shoppes At Summit Harnett Health and 1/2  
Shell  
1625 Buffalo Lake Rd.  
Sanford, NC 27332  
Harnett County

**Property Type**

Other

**Print & Post**



**Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

[View Comments \(0\)](#)

**Technical Support Hotline:** (888) 690-7384