

*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.

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: HMD Development, Inc Date: _____

Site Address: 2297 NC Highway 24-87 Cameron, NC 28326 Phone: 919-791-4631

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Build new medical space fit up

Heated SF 2896sf Unheated SF _____

General Contractor Information: Building Cost \$ 300,000

HMD Development Inc Telephone 919-791-4631

Building Contractor's Company Name Telephone

8204 Creedmoor Rd. Raleigh, NC 27613 Build@hmddevelopment.com

Address _____ Email Address

DocuSigned by: _____ 74250

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

Electrical Contractor Information: Electrical Cost \$ 65,000

Description of Work New Service, Lighting Package Service Size: 400 Amps #T-Poles No

Power Comm Electrical Contrators, LLC Telephone 910-292-2999

Electrical Contractor's Company Name Telephone

814 Neighbors Rd. Dunn, NC 28334 John@powercommelectrical.com

Address _____ Email Address

DocuSigned by: _____ 26581-U

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

Mechanical Contractor Information: Mechanical Cost \$ 60,000

Description of Work Supply heat pumps system with air handle units # Units 3

6 & Fix HVAC & Refrigeration Telephone 919-308-2523

Mechanical Contractor's Company Name Telephone

9006 Glenwood Ave. Raleigh, NC 27617 Nick@6andfix.com

Address _____ Email Address

DocuSigned by: _____ 30683 H3-1 & 2

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

Plumbing Contractor Information: Plumbing Cost \$ 60,000

Description of Work U/G & In Wall plumbing, provide and install plumbing furnitures # Baths 2

Central Carolina Plumblng LLC Telephone _____

Plumbing Contractor's Company Name Telephone

517 Derby Pl. Zebulon, NC 27597 919-799-8343

Address _____ Email Address

DocuSigned by: _____ 32950

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

Insulation Contractor Information

Quickwalls Construction, LLC 1113 Field Meadows Dr. Zebulon, NC 27597 919-723-1699

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

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

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.

DocuSigned by:

Bryant Dickinson

4/5/2023

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.

Company or Name: HMD Development, LLC.

DocuSigned by:

Bryant Dickinson

Date: 4/5/2023

Sign w/Title: _____

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