

Donna Johnson

2.21.23

Application # _____

*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 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HPG Fuquay Varina Health Investors, LLC Date: 1-26-23

Site Address: 40 Bawks Club Rd Fuquay Varina NC 27536 Phone: _____

Directions to job site from Lillington: Depart from 420 McKinney Pkwy, head toward Alexander Dr, turn left onto Alexander Dr, turn left onto McKinney Pkwy turn left onto US-401N, keep straight, turn right onto Bawks Club Road

Subdivision: _____ Lot: _____

Description of Proposed Work: Construction of an assisted living facility

Heated SF 33,000 Unheated SF _____

General Contractor Information: Building Cost \$ 145,269.00

Carolina Commercial Contractors
Building Contractor's Company Name
1600 Colon Road Sanford NC 27330
Address

919-776-4641
Telephone
chase@carolinacommercialnc.com
Email Address

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

42607
License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work See other page Service Size: _____ Amps #T-Poles 171, 261.00

Warden Enterprise
Electrical Contractor's Company Name
PO Box 746 Yadkinville NC 27055
Address

Warden - 653,929.00 Warden Low Voltage
336-849-8034
Telephone
randy.w@wardenenterprise.com
Email Address

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

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Odyssey Mechanical
Mechanical Contractor's Company Name
6730 Amsterdam Way Wilmington NC 28405
Address

910-392-6400
Telephone
rob.annette@odysseymechanical.com
Email Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Simpson & Sons Plumbing
Plumbing Contractor's Company Name
230 Jenni Lane Sanford NC 27330
Address

919-774-3790
Telephone
SimpsonandSonsplumbingllc@gmail.com
Email Address

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



License #

Insulation Contractor Information

Insulating Inc.
Insulation Contractor's Company Name & Address


336-213-9144
Telephone

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

Sprinkler Contractor Information	
<u>J & D Sprinkler Company</u>	<u>919-553-2356</u>
Sprinkler Contractor's Company Name	Telephone
<u>315 West Main St Clayton NC 27520</u>	<u>farrine@jdsprinkler.com</u>
Address	Email Address
	<u>16269FS</u>
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Information	
<u>Warden Enterprises, Inc</u>	<u>336-849-8034</u>
Fire Alarm Contractor's Company Name	Telephone
<u>PO Box 746 Yadkinville NC 27055</u>	<u>Randy W @ wardenenterprise.com</u>
Address	Email Address
	License #
Signature of Officer(s) of Corporation	
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 2-7-23
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.

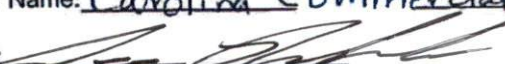
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Carolina Commercial Contractors

Sign w/Title:  Sr. Project Manager Date: 2-7-23

*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 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HPG Fuguey Varina Health Investors, LLC Date: 1-26-23
Site Address: 40 Bawls Club Rd Fuguey Varina NC 27536 Phone: _____
Directions to job site from Lillington: Depart from 420 McKinney Pkwy, head toward Alexander Dr, turn left onto Alexander Dr, turn left onto McKinney Pkwy turn left onto US-401N, keep straight, turn right onto Bawls Club Road
Subdivision: _____ Lot: _____
Description of Proposed Work: Construction of an assisted living facility
Heated SF 33,000 Unheated SF _____

General Contractor Information: Building Cost \$ _____
Carolina Commercial Contractors Telephone 919-776-4641
Building Contractor's Company Name
1600 Colon Road Sanford NC 27330 Email Address chase@carolinacommercialnc.com
Address License # 42607

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____
Warden Enterprise Telephone 336-849-8034
Electrical Contractor's Company Name
PO Box 746 Yadkinville NC 27055 Email Address randy.w@wardenenterprisec.com
Address

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____
Odyssey Mechanical Telephone 910-392-6400
Mechanical Contractor's Company Name
6730 Amsterdam Way Wilmington NC 28405 Email Address rob.annette@odysseymechanical.com
Address

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____
Simpson & Sons Plumbing Telephone 919-774-3790
Plumbing Contractor's Company Name
230 Jenni Lane Sanford NC 27330 Email Address SimpsonandSonsplumbingllc@gmail.com
Address

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Insulation Contractor Information
Insulating Inc. Telephone 336-213-9144
Insulation Contractor's Company Name & Address

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

Sprinkler Contractor Information	
<input checked="" type="checkbox"/> <u>J+D Sprinkler Company</u> Sprinkler Contractor's Company Name	<u>919-553-2356</u> Telephone
<u>315 West Main St Clayton NC 27520</u> Address	<u>farrina@jdsprinkler.com</u> Email Address
_____ Signature of Officer(s) of Corporation	<u>16269FS</u> License #
Fire Alarm Contractor Information	
<input checked="" type="checkbox"/> <u>Warden Enterprises, Inc</u> Fire Alarm Contractor's Company Name	<u>336-849-8034</u> Telephone
<u>PO Box 746 Yadkinville NC 27055</u> Address	<u>Randy W@wardenenterprise.com</u> Email Address
_____ Signature of Officer(s) of Corporation	_____ License #
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input checked="" type="checkbox"/> 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

2-7-23

 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
<input checked="" type="checkbox"/> General Contractor	<input type="checkbox"/> Owner
<input type="checkbox"/> 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:	
<input checked="" type="checkbox"/> Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
<input type="checkbox"/> Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
<input type="checkbox"/> Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.	
<input type="checkbox"/> 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: <u>Carolina Commercial Contractors</u>	
Sign w/Title: 	Date: <u>2-7-23</u>

*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 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HPG Fuquay Varina Health Investors, LLC Date: 1-26-23
Site Address: 40 Bawls Club Rd Fuquay Varina NC 27506 Phone: _____
Directions to job site from Lillington: Depart from 420 McKinney Pkwy, head toward Alexander Dr, turn left onto Alexander Dr, turn left onto McKinney Pkwy turn left onto US-401N, keep straight, turn right onto Bawls Club Road
Subdivision: _____ Lot: _____
Description of Proposed Work: Construction of an assisted living facility
Heated SF 33,000 Unheated SF _____

General Contractor Information: Building Cost \$ _____
Carolina Commercial Contractors Telephone 919-776-4641
Building Contractor's Company Name
1600 Colan Road Sanford NC 27330 Email Address chase@carolinacommercialnc.com
Address License # 42607

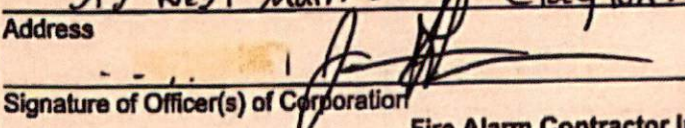
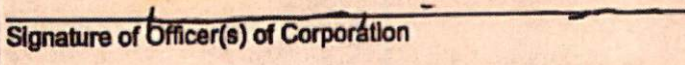
Signature of Owner/Contractor/Officer(s) of Corporation _____
Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____
Warden Enterprise Telephone 336-849-8034
Electrical Contractor's Company Name
PO Box 746 Yadkinville NC 27055 Email Address randy@wardenenterprise.com
Address License # _____

Signature of Owner/Contractor/Officer(s) of Corporation _____
Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____
Odyssey Mechanical Telephone 910-392-6400
Mechanical Contractor's Company Name
6730 Amsterdam Way Wilmington NC 28405 Email Address rob.annette@odysseymechanical.com
Address License # _____

Signature of Owner/Contractor/Officer(s) of Corporation _____
Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work Complete Plumbing System. Underground, Tap out + Set fixtures # Baths 45
Simpson & Sons Plumbing Telephone 919-774-3790
Plumbing Contractor's Company Name
230 Jeani Lane Sanford NC 27330 Email Address SimpsonandSonsplumbingllc@gmail.com
Address License # L.08467
Signature of Owner/Contractor/Officer(s) of Corporation _____

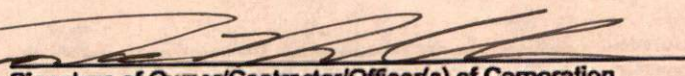
Insulation Contractor Information
Insulating Inc. Telephone 336-213-9144
Insulation Contractor's Company Name & Address

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

Sprinkler Contractor Information	
Sprinkler Contractor's Company Name <u>J & D Sprinkler Company</u>	Telephone <u>919-553-2356</u>
Address <u>315 West Main St Clayton NC 27520</u>	Email Address <u>farrine@jdsprinkler.com</u>
Signature of Officer(s) of Corporation 	License # <u>16269FS</u>
Fire Alarm Contractor Information	
Fire Alarm Contractor's Company Name <u>Warden Enterprises, Inc</u>	Telephone <u>336-849-8034</u>
Address <u>PO Box 746 Yadkinville NC 27055</u>	Email Address <u>Randy.W@wardenenterprise.com</u>
Signature of Officer(s) of Corporation 	License # _____
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

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

2-7-23
Date

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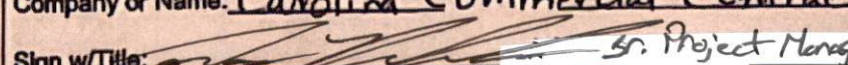
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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Company or Name: Carolina Commercial Contractors

Sign w/Title:  Sr. Project Manager Date: 2-7-23

*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 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HPG Fugway Varina Health Investors, LLC Date: 1-26-23
Site Address: 40 Rawls Club Rd Fugway Varina NC 27536 Phone: _____

Directions to job site from Lillington: Depart from 420 McKinney Pkwy, head toward Alexander Dr, turn left onto Alexander Dr, turn left onto McKinney Pkwy turn left onto US-401N, keep straight, turn right onto Rawls club Road

Subdivision: _____ Lot: _____

Description of Proposed Work: Construction of an assisted living facility

Heated SF 33,000 Unheated SF _____
General Contractor Information: Building Cost \$ _____

Carolina Commercial Contractors
Building Contractor's Company Name
1600 Colon Road Sanford NC 27330
Address

919-776-4641
Telephone
chase@carolinacommercialnc.com
Email Address

Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Contractor Information: Electrical Cost: _____
Description of Work: Installation of Electrical Service Size: _____

Warden Enterprise Systems
Electrical Contractor's Company Name
PO Box 746 Yadkinville NC 27055
Address

42607
License # _____
925,000
2000 Amps #1-Poles 3
336-849-8034
Telephone
randy@wardenenterprise.com
Email Address

Signature of Owner/Contractor/Officer(s) of Corporation
Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work: HVAC portion
Odyssey Mechanical
Mechanical Contractor's Company Name
6730 Amsterdam Way Wilmington NC 28405
Address

327184
License # _____
673,000.00
Units (1) split system (7) ERVs
910-392-6400 (50) PTAC
Telephone with sleeves
rob.annette@odysseymechanical.com
Email Address

Signature of Owner/Contractor/Officer(s) of Corporation
Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work: Complete plumbing system
Simpson & Sons Plumbing
Plumbing Contractor's Company Name
230 Jenni Lane Sanford NC 27330
Address

See other page for signature
License # _____
559,600.00
Baths 45
919-774-3790
Telephone
Simpsonandsonsplumbingllc@gmail.com
Email Address


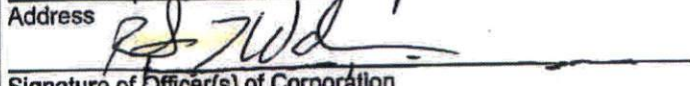
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

Insulating Inc.
Insulation Contractor's Company Name & Address


LO 8467
License # _____
336-213-9144
Telephone

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

Sprinkler Contractor Information	
Sprinkler Contractor's Company Name <u>J+D Sprinkler Company</u>	Telephone <u>919-553-2356</u>
Address <u>315 West Main St Clayton NC 27520</u>	Email Address <u>farrina@jdsprinkler.com</u>
Signature of Officer(s) of Corporation 	License # <u>16269FS</u>
Fire Alarm Contractor Information	
Fire Alarm Contractor's Company Name <u>Warden Enterprises Inc</u>	Telephone <u>336-849-8034</u>
Address <u>PO Box 746 Yadkinville NC 27055</u>	Email Address <u>Randy W@wardenenterprise.com</u>
Signature of Officer(s) of Corporation 	License # <u>32718U</u>
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

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Date 2-7-23
 Signature of Owner/Contractor/Officer(s) of Corporation

Affidavit for Worker's Compensation N.C.G.S. 87-14

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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.

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Company or Name: Carolina Commercial Contractors

Sign w/Title:  Sr. Project Manager Date: 2-7-23

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Application # _____
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420 McKinney Pkwy Lillington, NC 27546
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: HP6 Fuguey Varina Health Investors, LLC Date: 1-26-23
Site Address: 40 Bawls Club Rd Fuguey Varina NC 27576 Phone: _____
Directions to job site from Lillington: Depart from 420 McKinney Pkwy, head toward Alexander Dr, turn left onto Alexander Dr, turn left onto McKinney Pkwy turn left onto US-401N, keep straight, turn right onto Bawls club Road
Subdivision: _____ Lot: _____
Description of Proposed Work: Construction of an assisted living facility

Heated SF 93,000 Unheated SF _____
General Contractor Information: Building Cost \$ _____

Carolina Commercial Contractors 919-776-4641
Building Contractor's Company Name Telephone
1600 Colon Road Sanford NC 27330 chase@carolinacommercialnc.com
Address Email Address
42607
License #

Signature of Owner/Contractor/Officer(s) of Corporation _____
Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____
Warden Enterprise 336-849-8034
Electrical Contractor's Company Name Telephone
PO Box 746 Yadkinville NC 27055 randy.w@wardenenterprise.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____
Mechanical Contractor Information: Mechanical Cost \$ 828,000
Description of Work Mechanical for assisted living, Pines, Split systems # Units 62
Odyssey Mechanical 910-392-6400
Mechanical Contractor's Company Name Telephone
6730 Amsterdam Way Wilmington NC 28405 rob.annette@odysseymechanical.com
Address Email Address
08261
License #

Signature of Owner/Contractor/Officer(s) of Corporation _____
Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____
Simpson & Sons Plumbing 919-774-3790
Plumbing Contractor's Company Name Telephone
230 Jenni Lane Sanford NC 27330 SimpsonandSonsplumbingllc@gmail.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____
Insulation Contractor Information
Insulating Inc. 336-213-9144
Insulation Contractor's Company Name & Address Telephone

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