Johnson

\*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

525 Fax 910-893-2793 www.harnett.or COMMERCIAL

**Application for Building and Trades Permit** Health Invostors LLC Date: 1-26-23 Subdivision: Description of Proposed Work: Construction **Unheated SF** General Contractor Information: Building Cost \$\_ 42607 Signature of Owner/Contractor/Officer(s) of Corporation License # **Electrical Contractor Information: Electrical Cost \$** Description of Work Service Size: Amps #T-Poles Address Signature of Owner/Contractor/Officer(s) of Corporation License # Mechanical Contractor Information: Mechanical Cost \$ Mechanical Contracter's Company Name 16 b. annette @ odysseynechanical, com Email Address Signature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor Information: Plumbing Cost \$ Description of Work Simpson 4 Sons Plum Plumbing Contractor's Company Name Signature of Owner/Contractor/Officer(s) of Corporation License # Insulation Contractor Information Insulation Contractor's Company Name & Address

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

Sprinkler Contractor Information	Telephone  Farring jd sprinkler.com  Email Address	
Sprinkler Company	919-553-2256	
Sprinkler Contractor's Company Name	Telephone	
315 West Main St Clayton NC 2520	tarring idsprinkler com	
Address / 21520	Email Address	
	A STATE OF THE PROPERTY OF THE	
Signature of Officer(s) of Corporation  Fire Alarm Contractor Information	License #	
Warden Francisco Inc	23/2-849-8021	
Fire Alarm Contractor's Company Name	Telephone	
POBOX 746 Yadkinvine NC 27035	336-849-8034 Telephone Yandy We wandenenterprise Email Address	
Address	Email Address	
	and the second of	
Signature of Officer(s) of Corporation	License #	
Duiving Annua NGD.	70 10 1/2	
<u>Driveway Access</u> - NC Department of Transportation Driveway Acc	ess/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 <u>any</u> 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.		
	2-7-23	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensation N. The undersigned applicant being the:	C.G.S. 87-14	
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' comp	ensation insurance to cover them.	
Has one (1) or more subcontractors(s) and has obtained workers' them.	compensation insurance to cover	
Has one (1) or more subcontractors(s) who has their own policy of covering themselves.	workers' compensation insurance	
Has no more than two (2) employees and no subcontractors.		
While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of wor to issuance of the permit and at any time during the permitted work from a carrying out the work.	ker's compensation insurance prior	
Community Court Court		
Company or Name: Carolina Commercial Contra	e tors	

\*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 Fuguer Varing Health Investors LLC Date: 1-26-23		
Site Address: 40 Rawls Club Rd Finguag Varina A	1C 2150 Phone:	
Directions to job site from Lillington: Depart from 420 M	Kinney PKwy, head toward	
Alexander Dr turn left onto Alexander Dr tu	on left anto McKinney PKMY	
turn left anto US-401N, Keep straight, turn	right and Rawls club Road	
Cook all daile and	l of:	
Description of Proposed Work: Construction of an assisted living fucility		
neated SF Officeated St		
General Contractor Information: Building Cost #	010-001-464)	
Building Contractor's Company Name	919-776-4641 Telephone	
Address Colon Road Sanford NC 27330	Email Address	
	<u> </u>	
Signature of Owner/Contractor/Officer(s) of Corporation		
Description of Work  Electrical Contractor Information: Electrical Cost Service Size:	Amps #T-Poles	
Warden Enterprise	336-849-8034	
Electrical Contractor's Company Name	Telephone	
POBOX 746 Yad Kinville NC 27055 Address	<u>Vandy w A Wardenenter prise. Com</u> Email Address	
Address	Ellian Fadioco	
	License #	
Mechanical Contractor Information: Mechanical C	ost \$	
Description of Work	# Units	
Mechanical Contractor's Company Name	910-342-6400 Telephone	
Address Amsterdam Way Wilmington NC 28405	10b. annette @ odysseynechanical, con Email Address	
Address 28405	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	919-174-3790 Telephone	
230 Jenni Lame Sanford NC 27330	Email Address	
WWW. Commission of the Commiss	Notice that the second	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information	,	
Insulation Inc.	336-213-9144	
Insulation Contractor's Company Name & Address	Telephone	

Sprinkler Contractor Information	
	919-763-7761
Sprinkler Company Sprinkler Company Sprinkler Company Sprinkler Company Sprinkler Company Sprinkler Company	Telephone
315 West Main St / Clayton NC 27520	Telephone  Farine jaspankler.com  Email Address
Address	16269FS
Signature of Officer(s) of Corporation	License #
Warden Enterprises Inc	336-849-8034
Fire Alarm Contractor's Company Name	Telephone
POBOX 746 Yadkinvine Nt 27035	Yandy We wardenenterprise a
Addicas	
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Driveway Acc	ess/Permit?No
I hereby certify that I have the authority to make necessary application, and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if any changes occur includir number of bedrooms, building and trade plans, Environmental Health pe changes, I certify it is my responsibility to notify the Harnett County Cerany and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150 is charged at full price per current fee schedule.	the information on the above ig listed contractors, site plan, rmit changes or proposed use ntral Permitting Department of
	7-7-7 3
St two of Comparison (Contractor) Officer(s) of Comparation	2-7-23 Date
Signature of Owner/Contractor/Officer(s) of Corporation	Date
	Date C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N  The undersigned applicant being the:	Date  C.G.S. 87-14
Affidavit for Worker's Compensation N  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the contractor Owner Officer/Agent of the contractor Owner Officer	of the Contractor or Owner
Affidavit for Worker's Compensation N  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the person (s), firm(s) of the set forth in the permit:	of the Contractor or Owner or corporation(s) performing the work
Affidavit for Worker's Compensation N  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the person of the per	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them.
Affidavit for Worker's Compensation N  The undersigned applicant being the:  General Contractor Owner Officer/Agent of the confirm under penalties of perjury that the person(s), firm(s) of the set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation N  Has one (1) or more subcontractors(s) and has obtained workers them.	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. To compensation insurance to cover
Affidavit for Worker's Compensation N  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the person of the per	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. To compensation insurance to cover
Affidavit for Worker's Compensation N The undersigned applicant being the:  General Contractor Owner Officer/Agent of the contractor of the person of the contractor of the person of the contractor of the contra	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. To compensation insurance to cover of workers' compensation insurance
Affidavit for Worker's Compensation N  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the person of the per	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. ' compensation insurance to cover of workers' compensation insurance bod that the Central Permitting orker's compensation insurance prior in any person, firm or corporation
Affidavit for Worker's Compensation N The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of the person of the pers	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. ' compensation insurance to cover of workers' compensation insurance bod that the Central Permitting orker's compensation insurance prior in any person, firm or corporation

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Application # \_

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27548
PO Box 65 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

COMMERCIAL

Application for Building and Trades Pe	<u>ermit</u>	
Owner's Name: HPG Fugues Varior Health Investors LLC Date: 1-26-23		
110 Parts Club Et Figure Varies NC 275 Phone:		
at a state of the form I illinotone 1) A mark 100 to 700 Miles	SIMPLY PRIVATE TOTAL	
ALL I A La last a Algumilias De Hura	a left Anta AV KIRING III	
turn left anto US-401N, Keep straight, turn r	ight and Rawls club Road	
Description of Proposed Work: Construction of an as	sisted living thatity -	
Lineard SE		
General Contractor Information: Building Cost \$	919-776-4641	
Rulling Contractors Company Natio	Telephone	
1600 Colon Road Sanford NC 27330 Address	Chase @ Carolina Commercial nc. con	
	42607	
Signature of Owner/Contractor/Officer(s) of Corporation	License # #	
Description of Work to the last of Electrical Service Size:	2 AOO Amps #1-Poles 3	
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information: Electrical Cost:  Description of Work Fastaflet for of Electrical  Service Size:  Warden English rise Systems	336-849-8034	
Electrical Contractor's Company Name	Leiehtinge	
POBOX 746 Yadkinville NC 27055	randy w & wardenenterprise, com Email Address	
Address 2Wal	32718 LL	
Signature of Owner/Contractor/Officer(s) of Corporation <u>Mechanical Contractor Information:</u> Mechanical Co	License # ost \$	
	# Units	
Description of Work	910-392-6400 Telephone	
Mechanical Mechanical Mechanical Mechanical Mechanical Mechanical Mechanical		
6730 Amsterdam Way Wilmington NC Address 30 Amsterdam Way Wilmington NC	Tob annette @ odyssegnechanical, con Emall Address	
Address	Fittili Linguage	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Information: Plumbing Cost	\$	
Description of Work	# Baths	
Simpson 4 Sons Plumbing Plumbing Contractor's Company Name	<u> </u>	
220 Jani Lane Samon NC 27330	Simpsonand Sons plumbiglic@ gmail.com	
Address	Commence and	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
Tinsulation Inc.	336-213-9144	
Insulation Contractors/Company Name & Address	I elephone	

Sprinkler Contractor Information	
Sprinkler Contractor information	914-553-2201
Sprinkler Company Sprinkler Company Name	Telephone
315 West Main St / Clayton NC 27520	Telephone  Farring idspankles.com  Email Address
Address	Lac9FS
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Information	336-849-8034
Warden Enterprises Inc	Telephone
POBOX 746 Yadkinvine NC 27055	randy we wandenenterprise a
Address 2 7/1	Email Address 327/8 U
A Differ (a) of Corporation	License #
Signature of Officer(s) of Corporation  Driveway Access - NC Department of Transportation Driveway Access	cess/Permit? Yss No
Driveway Access - NC Department of Transportation Driveway Access - NC Department Driveway - NC Department of Transportation Driveway - NC Departm	ACCOUNT OF THE PROPERTY OF
I hereby certify that I have the authority to make necessary application and that the construction will conform to the regulations in the Bull Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if <u>any</u> changes occur include number of bedrooms, building and trade plans, Environmental Health purchanges, I certify it is my responsibility to notify the Harnett County County and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150 is charged at full price per current fee schedule.	ing listed contractors, site plan, ermit changes or proposed use entral Permitting Department of
to consider at your proof of	-
	7-7-27
	Data
Signature of Owner/Contractor/Officer(s) of Corporation	Date
_	Date N.C.G.S. 87-14
Affidavit for Worker's Compensation I The undersigned applicant being the:	
Affidavit for Worker's Compensation	
Affidavit for Worker's Compensation I The undersigned applicant being the:  General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s)	of the Contractor or Owner
Affidavit for Worker's Compensation I The undersigned applicant being the:  General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	of the Contractor or Owner or corporation(s) performing the work
Affidavit for Worker's Compensation I The undersigned applicant being the:  General Contractor  Owner  Officer/Agent  Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:  Has three (3) or more employees and has obtained workers' co  Has one (1) or more subcontractors(s) and has obtained worker	of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them.
Affidavit for Worker's Compensation I The undersigned applicant being the:  General Contractor  Owner  Officer/Agent  Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:  Has three (3) or more employees and has obtained workers' co	of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them. rs' compensation insurance to cover
Affidavit for Worker's Compensation I The undersigned applicant being the:  General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:  Has three (3) or more employees and has obtained workers' co Has one (1) or more subcontractors(s) and has obtained worker them.  Has one (1) or more subcontractors(s) who has their own policy covering themselves.	of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them. rs' compensation insurance to cover
Affidavit for Worker's Compensation  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent  Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation  Has one (1) or more subcontractors(s) and has obtained workers.  Has one (1) or more subcontractors(s) who has their own policy	of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them. rs' compensation insurance to cover of workers' compensation insurance
Affidavit for Worker's Compensation  The undersigned applicant being the:  General Contractor Owner Officer/Agent  Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:  Has three (3) or more employees and has obtained workers' complete them.  Has one (1) or more subcontractors(s) and has obtained worker them.  Has one (1) or more subcontractors(s) who has their own policy 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 undersomething the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work from the permit themselves.	or corporation(s) performing the work mpensation insurance to cover them. rs' compensation insurance to cover of workers' compensation insurance stood that the Central Permitting worker's compensation insurance prior om any person, firm or corporation

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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 Fuguer Varior Hearth In	vestors LLC Date: 1-20-23	
Site Address: 40 Rawls Club Rd. Fuguar Varia A	[C 275; Phone:	
Directions to job site from Lillington: Deart from 420 M	Kinney PKry, head toward	
Owner's Name: 116 Fugues Varies Hearth In.  Site Address: 40 Rowls Club Bd. Firgues Varies A  Directions to job site from Lillington: Deport from 420 M  Alexander Dv. turn left ants Alexander Dr., turn  turn left anto US-401N, Keyp straight, turn  Subdivision:	on left anto McKinney Kry	
turn left anto US-401N Keep straight turn	right and Rawks club Road	
Subdivision:	Lot:	
Description of Proposed Work: Construction of an as	esisted living fucility	
General Contractor Information: Building Cost \$ _	OIA FIGURE	
Building Contractor's Company Name	919-776-4541 Telephone	
1600 Colon Road Sanford NC 27330	Chose @ Carolina Commercial re. co.	
Address	Email Address	
	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	336-849-8034	
Flectrical Contractor's Company Name	Telephone	
POBOX 746 Yadkinrille NC 27055	randy w & Wardenenter prise. com Email Address	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical C	ost\$	
Description of Work	# Units	
Mechanical Cohracter's Company Name	910-392-4400 Telephone	
	Telephone	
Address Amsterdam Way Wilmington NC 28405	Tob annette @ odysseynechanical. Con Email Address	
Parilless Parilless	Company of the Compan	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Plumbing Contractor Information: Plumbing Cost \$		
Description of Work Complete Plumbing System. Underground, Top and + Set Fixtures # Baths 45		
Simpson & Sons Plumbing Plumbing Contractor's Company Name	919-774-3790 Telephone	
220 Jan: Jane Sourced NC 27330	[2] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	
Address Address	Email Address plumbing I com	
Tank 7 F	1.08467	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
Insulating Inc.	336-213-9144	
Insulation Contractor's Company Name & Address	Telephone	

Γ	Sprinkler Contractor Information	0 . 5
	Sprinkler Contractor Information  Sprinkler Company  Sprinkler Company  Sprinkler Contractor's Company Name  315 West Main St Clayton NG 1520;  Address	919-553-2256
	Sprinkler Contractor's Company Name	Telephone
	315 blest Main St M Clayton NC -00.	farring idspankler com
	Address / Marin 27520	Email Address
		License#
ı	Fire Alarm Contractor Information	201 042-00-1
	Warden Enterprises Inc.	336-849-8034
	Fire Alarm Contractor's Company Name	Telephone
	On Ray Dula Vadkinging Nt 27035	randy we wardenenterprise
	Address	Email Address
	Simpanina of Chicaral In Collocator	License #
	Driveway Access - NC Department of Transportation Driveway Acces	ess/Permit? V Yes No
L	I hereby certify that I have the authority to make necessary application, I	that the application is correct
	- I that the construction will explain to the recilistrate in the building	IO. EIBCURCE, CREINSTIN CITY
	Mechanical codes, and the Harnett County Zoning Ordinance. I state to contractors is correct as known to me and if any changes occur including	r listed contractors, site plan,
		This Criations of Dioposed dae
	changes, I certify it is my responsibility to notify the Harnett County Cent	tral Permitting Department of
	Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.0	iu. After 2 years re-issue fee
	is charged at full price per current fee schedule.	
_		2 - 23
-		2-7-23
-	Signature of Owner/Contractor/Officer(s) of Corporation	2-7-23 Date
	Signature of Owner/Contractor/Officer(s) of Corporation	Date
	Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.	Date
	Affidavit for Worker's Compensation  The undersigned applicant being the:	C.G.S. 87-14
	Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compensation N.C.	C.G.S. 87-14
	Affidavit for Worker's Compensation  Affidavit for Worker's Compensation N.C  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of	C.G.S. 87-14  The Contractor or Owner
	Affidavit for Worker's Compensation  Affidavit for Worker's Compensation N.C.  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of  Do heraby confirm under penalties of perjury that the person(s), firm(s) or	C.G.S. 87-14  The Contractor or Owner
	Affidavit for Worker's Compensation  Affidavit for Worker's Compensation N.C  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of  Do heraby confirm under penalties of perjury that the person(s), firm(s) or set forth in the permit:	C.G.S. 87-14  The Contractor or Owner  corporation(s) performing the work
	Affidavit for Worker's Compensation N.C.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of Do heraby confirm under penalties of perjury that the person(s), firm(s) or set forth in the permit:  Has three (3) or more employees and has obtained workers' comp	C.G.S. 87-14  The Contractor or Owner corporation(s) performing the work ensation insurance to cover them.
	Affidavit for Worker's Compensation N.C.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of Do heraby confirm under penalties of perjury that the person(s), firm(s) or set forth in the permit:  Has three (3) or more employees and has obtained workers' comp	C.G.S. 87-14  The Contractor or Owner corporation(s) performing the work ensation insurance to cover them.
	Affidavit for Worker's Compensation N.C.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of Do heraby confirm under penalties of perjury that the person(s), firm(s) or set forth in the permit:  Has three (3) or more employees and has obtained workers' compensation N.C.  Has one (1) or more subcontractors(s) and has obtained workers'	C.G.S. 87-14  The Contractor or Owner corporation(s) performing the work ensation insurance to cover them.
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	Affidavit for Worker's Compensation N.C.  The undersigned applicant being the:  General Contractor  Owner  Officer/Agent of  Do hereby confirm under penalties of perjury that the person(s), firm(s) or set forth in the permit:  Has three (3) or more employees and has obtained workers' comp  Has one (1) or more subcontractors(s) and has obtained workers' them.	C.G.S. 87-14  If the Contractor or Owner  corporation(s) performing the work  ensation insurance to cover them.  compensation insurance to cover
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	Affidavit for Worker's Compensation N.C.  The undersigned applicant being the:  General Contractor Owner Officer/Agent of  Do hereby confirm under penalties of perjury that the person(s), firm(s) or  set forth in the permit:  Has three (3) or more employees and has obtained workers' comp  Has one (1) or more subcontractors(s) and has obtained workers' them.  Has one (1) or more subcontractors(s) who has their own policy of 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.	C.G.S. 87-14  The Contractor or Owner corporation(s) performing the work ensation insurance to cover them. compensation insurance to cover workers' compensation insurance
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"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
910-893-7526 Fax 910-893-2793 www.hamett.org/permits
COMMERCIAL

Application for Building and Trades	Permit	
Owner's Name: HPG Fuguer Varing Health Investor's LLC Date: 1-26-23.		
Site Address: 40 Rawls Club Ba Firquez Varina NC 275 Phone:		
Directions to job site from Lillington: Depart from 420	Ackinney PKwy, head toward	
Alexander Dr. turn left anto Alexander Dr. to	urn left and McKinney PKmy	
two left onto US-401N, Keep straight, turn Subdivision:	right anto Rawls club Road	
	Lot:	
Description of Proposed Work: Construction of an o	escieted living thatity.	
Heated SF Unheated SF General Contractor Information: Building Cost \$		
Building Contractor's Company Name	919-776-4641 Telephone	
Address Colon Road Sanford NC 27330	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information: Electrical Cost	42 to 7 License #	
Description of Work Service Size:	Amps #T-Poles	
Electrical Contractor's Company Name	3310-849-8034 Telephone	
Address Yadkinville NC 27055	<u>Vandy will Wardenenterprise.</u> Com Email Address	
Simple of O		
Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical Contractor Information: Mechanical Contractor Information:	License #	
Mechanical Contractor Information: Mechanical Contr	O wat Units 62	
Mechanical Contractor's Company Name	9 10- 30 2-6 400 Telephone	
Mechanical Contractor's Company Name		
Address Ru W. W. M. W. W. M.	10b. annette Codysseynechanical. Com Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	08261	
Plumbing Contractor Information: Plumbing Cost	License #	
Description of Work	# Baths	
Simpson + Sons Plumbing Plumbing Contractor's Company Name	919-774-3740 Telephone	
230 Jenni Lame Sanford NC 27330	Simpsonand Sons planting I con Email Address	
	Vancous and the	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information	,	
insulation Contractor's Company Name & Address	336-213-9144 Telephone	