

*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: DR. DAVID GALATAS Date: 3/22/24

Site Address: 1054 NC HWY 24-87 Phone: 910-436-1922

Directions to job site from Lillington: _____

TAKE E FRONT ST TO MAIN ST, DRIVE ALONG NC-210 S, OVERHILL RD, NURSERY RD AND NC-24 W/NC-87 N, TURN RIGHT ONTO NC-24 E/NC-87 S, DESTINATION ON LEFT

Subdivision: _____ Lot: _____

Description of Proposed Work: RENOVATION TO EXSITING SPACE: NEW WALLS, FINISHES, LIGHTS AND

Heated SF 4,574 Unheated SF PLUMBING

General Contractor Information: Building Cost \$ 182,378-

STARK DEVELOPMENT INC 330-704-7180

Building Contractor's Company Name Telephone

4928 LINKSLAND DR SUITE 120 HOLLY SPRINGS, NC 27540 MIKES@STARKDD.COM

Address Email Address

Mike Sommers 81304

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

Electrical Contractor Information: Electrical Cost \$ 31,640-

Description of Work NEW ELECTRICAL/DATA & NEW LIGHTNG Amps# _____ T-Poles _____

FOLWER ELECTRICAL CONTRACTORS INC Service Size: 910-692-7288

Electrical Contractor's Company Name Telephone

7718 NC Hwy 22, Carthage, NC 28327 JohnBerdeau@Fowlerelectrical.net

Address Email Address

John Berdeau U.00479

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

Mechanical Contractor Information: Mechanical Cost \$ 4946-

Description of Work RELOCATION OF DIFFUSERS PER NEW WALL LAYOUT # Units _____

PARTNERS MECHANICAL INC. 919-303-3213

Mechanical Contractor's Company Name Telephone

1086 CLASSIC ROAD, SUITE 102 APEX, NC 27539 RROBINSON@PARTNERSPH.COM

Address Email Address

Rebecca Robinson L.13713

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

Plumbing Contractor Information: Plumbing Cost \$ 18,240-

Description of Work RELOCATION OF SINKS AND WATER LINES # Baths 0

DOUG SMITH PLUMBING 910-944-8129

Plumbing Contractor's Company Name Telephone

32415 US HWY 1 ABERDEEN, NC 28315 ES31554@GMAIL.COM

Address Email Address

Eric Smith L.19055

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

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

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.


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

5/15/24
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: Stark Development Inc

Sign w/Title: Mike Sommers President Date: 5/7/2024