

*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: Bryant Dickinson Date: 6-14-24
Site Address: 2293 NC Highway 24-87 Phone: 919-868-1427
Directions to job site from Lillington: 27 West to 24-87

Subdivision: N/A Lot: _____
Description of Proposed Work: 1st generation space - therapy office

Heated SF 4,309 Unheated SF 0
General Contractor Information: Building Cost \$ 175,000

HMD Development, Inc. 919-791-4631
Building Contractor's Company Name Telephone

8204 Creedmoor Rd, Suite 100, Raleigh, NC 27613 build@hmddevelopment.com
Address Email Address

DocuSigned by:
Bryant Dickinson
13407C02509D45F

Bryant Dickinson 74250
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 52,000
Description of Work New service/lighting/receptacles Service Size: 200 Amps #T-Poles 0

Power Comm Electrical Contractors, LLC 910-263-2707
Electrical Contractor's Company Name Telephone

814 Neighbors Rd, Dunn, NC 28334 john@powercommelectrical.com
Address Email Address

DocuSigned by:
John Sutton
758BA22F323473

John Sutton 26581-U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 48,000
Description of Work New 5ton Split Systems & Exhaust Fans # Units 2

Six and Fix Heating and Cooling 919-234-7596
Mechanical Contractor's Company Name Telephone

PO Box 90157, Raleigh, NC 27675 nick@6andfix.com
Address Email Address

DocuSigned by:
[Signature]
5106B55EB58E469

[Signature] 30683 H3-1 & 2
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 56,000
Description of Work _____ # Baths 3

ER Plumbing, LLC 919-706-3158
Plumbing Contractor's Company Name Telephone

104 Maple Street, Knightdale, NC 27545 jose@er-plumbing.com
Address Email Address

DocuSigned by:
David Reyes
FE1DCFB7C12135D

David Reyes 34908
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Quick Wall Construction, LLC, po box99216, Raleigh, NC 27624 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 X 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 _____ 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, Inc.
 Sign w/Title: Bryant Dickinson vice President Date: 7/9/2024