

*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: Rhetson Companies Inc Date: 7/29/25Site Address: Maynard Lake Road [SR-1726] and (2) NC-55 E Phone: 910.944.0881Directions to job site from Lillington: Out of 4507 NC 55 East Erwin, NC 28334Head south on McKinney Pkwy, then Turn left onto N Main Street, Turn right onto US-421S/US Hwy 421 S

Subdivision: _____ Lot: _____

Description of Proposed Work: Proposed Construction of a Dollar General StoreHeated SF 10,640 Unheated SF _____**General Contractor Information:** Building Cost \$ 600,077Rhetson Companies Inc 910.944.0881Building Contractor's Company Name Telephone2075 Juniper Lake Road permits@rhetson.comAddress Email AddressChris Morgan 55928Signature of Owner/Contractor/Officer(s) of Corporation License #**Electrical Contractor Information:** Electrical Cost \$ 115,000

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Rainwater Electrical 910.557.5473Electrical Contractor's Company Name TelephonePO BOX 136 Marston, NC 28363 rainwaterelectrical@live.comAddress Email AddressU.26148Signature of Owner/Contractor/Officer(s) of Corporation License #**Mechanical Contractor Information:** Mechanical Cost \$ 58,000

Description of Work _____ # Units _____

J & S Heating and Air LLC 919.375.4535Mechanical Contractor's Company Name Telephone360 PARK AVE, SUITE D YOUNGSVILLE, NC 27596 jeff@jsheatair.comAddress Email AddressJeff Jones 22675Signature of Owner/Contractor/Officer(s) of Corporation License #**Plumbing Contractor Information:** Plumbing Cost \$ 17,450

Description of Work _____ # Baths _____

Ivey's Plumbing Contractor, inc. 910.624.7368Plumbing Contractor's Company Name Telephone1177 Watts Dairy Road Saint Pauls, NC 28384 ipinc08@aol.comAddress Email Address16423 P-1Signature of Owner/Contractor/Officer(s) of Corporation License #**Insulation Contractor Information**Thermal Design PO BOX 468 Madison NE 68748 800.255.0776Insulation 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:

Chris Morgan

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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 of Business: Rhettson Companies Inc

Sign w/Title:

Chris Morgan

EVP OF OPERATIONS

Date: 7/29/25

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