

*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 ext. 1 Fax 910-893-2793 www.harnett.org/permits

*Emailed
Complete 8/15/25*

Application for Building and Trades Permit

Owner's Name: UPS Store Date: 8/5/25

Site Address: 181 Mittie Haddock Dr Cameron NC Phone: _____

Directions to job site from Lillington: _____
25326

IN the PLAZA with Food Lion

Subdivision: _____ Lot: _____

Description of Proposed Work: UPfit

Heated SF 1750 Unheated SF 0

General Contractor Information: Building Cost \$ 80,000

Commercial Construction Contractors 910-303-7683
Building Contractor's Company Name Telephone

584 Executive Pl Ste 102 Fay NC 28305 ccc.cccbuildnc.com
Address Email Address

105030

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

License #

Description of Work upfit **Electrical Contractor Information:** Electrical Cost \$ 13,000.00
Service Size: _____ Amps #T-Poles _____

Chris Rowe Electric

Electrical Contractor's Company Name

910-835-4033

Telephone

1457 Hayes Rd, Spring Lake NC 28390
Address

Chris.Roweelect@yahoo.com
Email Address

7510

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

License #

Mechanical Contractor Information: Mechanical Cost \$ 5,000.00

Description of Work upfit

Units

James Hayes Heating & AC Inc

Mechanical Contractor's Company Name

910-624-7157

Telephone

5349 S. FORTY Drive Hope Mills NC 28348
Address

jameshayesheatac@gmail.com
Email Address

20051H3Class1

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

License #

Plumbing Contractor Information: Plumbing Cost \$ 4,250.00

Description of Work UPfit

Baths

Dell Haire Plumbing

Plumbing Contractor's Company Name

910-429-9939

Telephone

PO Box 65048 Fayetteville NC 28306
Address

Dellhaireplumbing@hotmail.com
Email Address

32886

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

8/5/25

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: Commercial Construction Contractors

Sign w/Title: Wesley A. [Signature] President Date: 8/5/25

THIS FORM MUST BE FILLED OUT BY
OWNER OR CONTRACTOR. Must be filled
out by owner or 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 ext. 1 Fax 910-893-2793 www.harnett.org/permits

Application for Building and Trades Permit

Owner's Name: UPS Store Date: 8/5/25

Site Address: 181 Mittie Haddock Dr Cameron NC Phone: _____

Directions to job site from Lillington: 25326

IN the Plaza with Food Lion

Subdivision: _____ Lot: _____

Description of Proposed Work: UP Fit

Heated SF 1750 Unheated SF 0

General Contractor Information: Building Cost \$ 80,000

Commercial Construction Contractors Telephone 910-303-7683

Building Contractor's Company Name

584 Executive Pl Ste 102 Fayetteville NC 28304 Email Address cccbuildnc.com

Address

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

Electrical Contractor Information: Electrical Cost \$ _____

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

Chris Rowe Electric Telephone 910-835-4033

Electrical Contractor's Company Name

1457 Hayes Rd. Spring Lake NC 28390 Email Address Chris.Rowe@earthlink.net

Address

Christopher Rowe License # 7510

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work UP Fit # Units _____

James Hayes Heating & AC Inc Telephone 910-624-7157

Mechanical Contractor's Company Name

5349 S. FORTY DRIVE Hope Mills NC 28348 Email Address jameshayesheat@aol.com

Address

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work UP Fit # Baths _____

Dell Haire Plumbing Telephone 910-429-9939

Plumbing Contractor's Company Name

PO Box 65048 Fayetteville NC 28306 Email Address Dellhaireplumbing@hotmail.com

Address

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

License # 32886

Insulation Contractor Information

Insulation Contractor's Company Name & Address

Telephone

*Each section below must be filled out by
showers performing the work. Must be Owner
or licensed contractor. Address, company
name & phone must match information on state
license.

Harnett County Central Permitting
420 McKenney Pkwy Lillington, NC 27546
910-803-7525 ext. 1 Fax 910-803-2793 www.harnett.org/permits

Application #

Owner's Name: UPS Store

Site Address: 181 Mittie Haddock Dr Cameron NC

Directions to job site from Lillington:

Date: 8/5/25

Phone: 25326

IN the Plaza with Food Lion

Subdivision:

Description of Proposed Work: UP Fit

Heated SF 1750

Unheated SF 0

Lot:

General Contractor Information: Building Cost \$ 80,000

Commercial Construction Contractors

Building Contractor's Company Name

584 Executive Pl Ste 102 Fayetteville NC 28306

Telephone

910-303-7683

Email Address

ccc.buildingnc.com

License #

105030

Amps #T-Poles

910-835-4033

Telephone

Chris. Rowe Electric

Email Address

Chris.Rowe@att.net

License #

7610

Units

910-624-7157

Telephone

James Hayes Heating & AC Inc

Email Address

James.hayes@att.net

License #

20051H3Class 1

Baths

910-429-9939

Telephone

Dell Haire Plumbing

Email Address

Dellhaireplumbing@hotmail.com

License #

32886

Insulation Contractor Information

Insulation Contractor's Company Name & Address

Telephone

Initial Application Date: 8/4/25

Application # _____

DRB # _____ CU # _____

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 108 E. Front Street, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 2 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: UPS Store Mailing Address: 181 Mittie Haddock Dr

City: Cameron State: NC Zip: 28326 Contact # _____ Email: _____

APPLICANT: Commercial Construction Contractors Mailing Address: 584 Executive Pl Ste 102

City: Fayetteville State: NC Zip: 28305 Contact # 910-303-7683 Email: CCC@CCCBuildnc.com

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Commercial Construction Contractors Phone # 910-303-7683

Address: 181 Mittie Haddock Dr PIN: 9585-60-1624.000

Deed Book Page: /

PROPOSED USE:

☐ Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

☒ Business Sq. Ft. Retail Space: 1750 Type: UPS # Employees: 3 Hours of Operation: 9-5

☐ Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____

☐ Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____

☐ Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____

☐ Accessory/Addition/Other (Size _____ x _____) Use: _____

Water Supply: ☒ County ☐ Existing Well ☐ New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: ☐ New Septic Tank ☐ Expansion ☐ Relocation ☐ Existing Septic Tank ☒ County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Comments:

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted.
I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

[Signature]
Signature of Owner or Owner's Agent

8/5/25
Date

This application expires 6 months from the initial date if permits have not been issued

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.

This application expires 6 months from the initial date if permits have not been issued



Application for Plan Review

Application # _____

Date Received: _____ Received By: _____

Name of Project: UPS Store

Physical Address of Project: 181 Mittie Haddock Dr

Cameron . NC 28326

Plans Submitted By: _____

Project Phone: (____) - ____ - ____

Contact Person/Address: _____

Contact Email: _____

Contact Phone: (____) - ____ - ____ (____) - ____ - ____

Contractor's Name/Info: Commercial Construction Contractors
584 Executive Pl Ste 102
Fayetteville NC 28305

Contractor's Phone: (910) - 303 7683

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

APPLICATION CONTINUES ON BACK

County Health Department Application for Improvement Permit and/or Authorization to Construct

IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR AUTHORIZATION TO CONSTRUCT SHALL BECOME INVALID. The permit is valid for either 60 months or without expiration depending upon documentation submitted. (Complete site plan = 60 months; Complete plat = without expiration)

☐ **Environmental Health New Septic System**

- **All property irons must be made visible.** Place "pink property flags" on each corner iron of lot. All property lines must be clearly flagged approximately every 50 feet between corners.
- Place "orange house corner flags" at each corner of the proposed structure. Also flag driveways, garages, decks, out buildings, swimming pools, etc. Place flags per site plan developed at/for Central Permitting.
- Place orange Environmental Health card in location that is easily viewed from road to assist in locating property.
- If property is thickly wooded, Environmental Health requires that you clean out the undergrowth to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. **Do not grade property.**
- **All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid, mark house corners and property lines, etc. once lot confirmed ready.**

☐ **Environmental Health Existing Tank Inspections**

- Follow above instructions for placing flags and card on property.
- Prepare for inspection by removing soil over **outlet end** of tank as diagram indicates, and lift lid straight up (*if possible*) and then **put lid back in place**. (Unless inspection is for a septic tank in a mobile home park)
- **DO NOT LEAVE LIDS OFF OF SEPTIC TANK**

SEPTIC

If applying for authorization to construct please indicate desired system type(s): can be ranked in order of preference, must choose one.

☐ Accepted ☐ Innovative ☐ Conventional ☐ Any
☐ Alternative ☐ Other _____

The applicant shall notify the local health department upon submittal of this application if any of the following apply to the property in question. If the answer is "yes", applicant **MUST ATTACH SUPPORTING DOCUMENTATION**:

- | | | |
|---|--|--|
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Does the site contain any Jurisdictional Wetlands? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Do you plan to have an <u>irrigation system</u> now or in the future? |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Does or will the building contain any <u>drains</u> ? Please explain. <u>existing storm water drainage</u> |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Are there any existing wells, springs, waterlines or Wastewater Systems on this property? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Is any wastewater going to be generated on the site other than domestic sewage? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Is the site subject to approval by any other Public Agency? |
| <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | Are there any Easements or Right of Ways on this property? |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | Does the site contain any existing water, cable, phone or underground electric lines? |
- If yes please call No Cuts at 800-632-4949 to locate the lines. This is a free service.

I Have Read This Application And Certify That The Information Provided Herein Is True, Complete And Correct. Authorized County And State Officials Are Granted Right Of Entry To Conduct Necessary Inspections To Determine Compliance With Applicable Laws And Rules. I Understand That I Am Solely Responsible For The Proper Identification And Labeling Of All Property Lines And Corners And Making The Site Accessible So That A Complete Site Evaluation Can Be Performed.



Fire Marshal Division

P.O. Box 370
Lillington, NC 27546
910-893-7580

Application for Plan Review

Permit Type: _____

Date Received: _____ Received By: _____

Name of Project: UPS Store

Physical Address of Project: 181 Mittie Haddock Dr Cameron NC

Plans Submitted By: Commerical Construction Contractors ²⁸³²⁶

Project Phone: (910)-303-7683

Contact Person/Address: Wes DAVIS

584 Executive Dr Ste 102 Fayetteville NC 28305

Contact Phone: (910)-303-7683 (910)-818-8889

Contractor's Name/Info: Wes DAVIS

Commercial Construction Contractors

Contractor's Phone: (910)-303-7683

Contact Email: ccc@cccbuildnc.com

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525 : Opt. 2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 2433615

Filed on: 08/14/2025

Initially filed by: CommercialCC

Designated Lien Agent

Chicago Title Company, LLC

Online: www.liensnc.com (<http://www.liensnc.com>)**Address:** 223 S. West Street, Suite 900 /
Raleigh, NC 27603**Phone:** 888-690-7384**Fax:** 913-489-5231**Email:** support@liensnc.com (<mailto:support@liensnc.com>)**Project Property**UPS Store upfit
181 Mittie Haddock Drive
Cameron, NC 28316
Harnett County County**Property Type**

Other

Print & Post**Contractors:**

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner InformationWesley Davis
584 Executive Pl suite 102
Fayetteville, NC 28305
United States
Email: ccc@cccbuildnc.com
Phone: 910-303-7683**Date of First Furnishing**

09/02/2025

View Comments (0)

Technical Support Hotline: (888) 690-7384

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Commercial Construction Contractors

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) **P**

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.

584 Executive Pl Ste 102

6 City, state, and ZIP code

Fayetteville, NC 28305

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

- -

or

Employer identification number

-

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person

Wes Davis

Date **7/21/25**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they