



*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

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: Venture Properties, LLC Date: 3/4/2020Site Address: 1625 Buffalo Lake Rd., Sanford, NC 27332 Phone: 336-667-8000Description of Proposed Work: 4000 SF El Burrito Mexican Restaurant**General Contractor Information:** Building Cost \$ 1,034,690.50RAYWEST DESIGNBUILD, LLC910-824-0503

Building Contractor's Company Name

Telephone

2818 Reaford Rd. STE 300, Fayetteville, NC 28303hector.ray@raywestdesignbuild.com

DocuSigned by:

Address

Hector Ray

Email Address

76368 Unlimited

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

License #

Electrical Contractor Information: Electrical Cost \$ 58,819.00Description of Work Restaurant Service Size: 600 Amps #T-Poles 1Rowe's Electric Corporation910-835-4033

Electrical Contractor's Company Name

Telephone

1457 Hayes Rd., Spring Lake, NC 28390chris.roweelect@yahoo.com

DocuSigned by:

Address

Chris Rowe

Email Address

07510-U

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

License #

Mechanical Contractor Information: Mechanical Cost \$ 103,788.50Description of Work Restaurant # Units 3Larry Parker910-858-0000

Mechanical Contractor's Company Name

Telephone

PO Box 1071, Hope Mills, NC 28348larryp0600@gmail.com

DocuSigned by:

Address

Larry Parker

Email Address

H3C120012

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

License #

Plumbing Contractor Information: Plumbing Cost \$ 48,500.00Description of Work Restaurant # Baths 3Bryan McKenzie (McKenzie Plumbing Company Inc.)910-764-2200

Plumbing Contractor's Company Name

Telephone

PO Box 20111, Fayetteville, NC 28312projects@mckenzieplumbing.com

DocuSigned by:

Address

Beth Black

Email Address

13588

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

License #

Insulation Contractor InformationScott's Painting & Drywall 238 Emma Jane Rd., St. Pauls, NC 28910-258-8793

Insulation Contractor's Company Name & Address

Telephone

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



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.

Hector Ray

3/5/2020 | 4:21 PM EST

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.

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

Hector Ray

Owner

Date: 3/5/2020 | 4:21 PM EST

Sign w/Title:

6030EEBDC95446

DO NOT REMOVE!

Details: Appointment of Lien Agent

Entry #: 1200756

Filed on: 03/04/2020

Initially filed by: RAYWEST

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.com info@liensnc.com

Address: 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com info@liensnc.com

Project Property

Shoppes at Summit El Burrito and 1/2 Shell
1625 Buffalo Lake Rd.
Sanford, NC 27332
Harnett 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 Information

Ray West Design Build, LLC

2818 Raeford Road

Suite 300

Fayetteville, NC 28303

United States

Email: mary.racz@raywestdesignbuild.com

Phone: 910-824-0503

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Technical Support Hotline: (888) 690-7384