

*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
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: VOLA, LLC Date: 05/26/2022
Site Address: 400 Centennial Parkway Cameron NC Phone: 910-484-5400
Directions to job site from Lillington: Take E Front St to Main St. Take NC-210S, Overhills Road Nursery Road and NC-24 W/NC-87 to Plantation Drive. Continue on Plantation Drive to British Lane.

Subdivision: Lexington Plantation Lot: _____

Description of Proposed Work: Construction of pool house

Heated SF _____ Unheated SF 864
General Contractor Information: Building Cost \$ 285,000

GL Strickland Construction Inc 910-485-6738
Building Contractor's Company Name Telephone
1409 Clinton Road Fayetteville NC 28312 mary.haire@teamhighland.com
Address Email Address
Kenneth Strickland 25594U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 6,000 License # 9,000
Description of Work Wiring for Pool House Construction Service Size: _____ Amps #T-Poles _____
WO's Electric 910-850-5495

Electrical Contractor's Company Name Telephone
575 Cope Road Road Red Springs, NC 28377 woselectric@live.com
Address Email Address
[Signature] 19628U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 6,500 License # 8500
Description of Work Mechanical Work for Pool House Construction # Units _____

Simmon's Heating, Cooling, Electrical Inc 910-276-2790
Mechanical Contractor's Company Name Telephone
11780 McColl Road Laurinburg, NC 28352 wskipper@shaac.com
Address Email Address
[Signature] 29124U 29081
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 40,000 License # 40,000
Description of Work Plumbing for Pool House Construction # Baths _____

Richard's Plumbing 910-476-2441
Plumbing Contractor's Company Name Telephone
5630 Lacosta Drive Hope Mills NC 28348 richardccall@aol.com
Address Email Address
[Signature] 26497-P1
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information
Cumberland Insulation, 4205 Clinton Rd, Fayetteville, NC 910-484-7118
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 N/A 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.

Kenneth R Strickland

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

May 26, 2022

Date _____

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

XXXX 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:

XXX 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.

XXX 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: GL Strickland Construction dba Highland Construction

Sign w/Title: Kenneth R Strickland

Date: 05/26/2022