

\*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 # BCRM2200-0001

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: 3NI VENTURES, LLC Date: 10-6-2022

Site Address: 100 W. JACKSON BLVD, EDWIN, NC 28339 Phone: 919-740-7662

Directions to job site from Lillington: RTE 421 SOUTH TO EDWIN, BUFFALO LANE EDWIN FAMILY BOWLING CENTER IS ON LEFT AT INTERSECTION OF 421 & RTE 55

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: INTERIOR RENOVATION INCLUDING FINISHES, STUCCO, DRAIN

Heated SF 31,728 Unheated SF — MECHANICAL & ELECTRICAL, PLUMBING

**General Contractor Information:** Building Cost \$ 268,407.00

GREGORY DEVELOPMENT, LLC

Building Contractor's Company Name

9541 INDUSTRIAL DR, RALEIGH, NC 27603

Address

Clinton D. Gregory

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

919-779-3522

Telephone

clintegregory-development.com

Email Address

55726 UNLIMITED

License #

Description of Work NEW LIGHTS & REFRIG Service Size: 400 Amps #T-Poles 0 - EXISTING SERVICE

YOUNG'S ELECTRIC

Electrical Contractor's Company Name

BOX 398, ANGIEN, NC 27501

Address

Brian Young

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

**Mechanical Contractor Information:** Mechanical Cost \$ 23,688.00

Description of Work RELOCATE EXISTING DUCT & COILS # Units 1

YOUNG'S ELECTRIC

Mechanical Contractor's Company Name

P.O. BOX 398, ANGIEN, NC 27501

Address

Brian Young

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

**Plumbing Contractor Information:** Plumbing Cost \$ 10,950.00

Description of Work DISCONNECT EXISTING PLUMBING # Baths 1

YOUNG'S ELECTRIC

Plumbing Contractor's Company Name

P.O. BOX 398, ANGIEN, NC 27501

Address

Brian Young

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

License #

919-639-2297

Telephone

brianeyoungselectric.com

Email Address

20633-H-2

License #

919-639-2297

Telephone

brianeyoungselectric.com

Email Address

20633-H-2

License #

**Insulation Contractor Information**

GREGORY DEVELOPMENT, LLC

Insulation Contractor's Company Name & Address

919-779-3522

Telephone

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

**Sprinkler Contractor Information**

Sprinkler Contractor's Company Name N/A

Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_

License # \_\_\_\_\_

**Fire Alarm Contractor Information**

Fire Alarm Contractor's Company Name N/A

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.

Clinton D. Byrnes

10.6.2022

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: GREGORY DEVELOPMENT, LLC

Sign w/Title: Clinton D. Byrnes owner-manager Date: 10.6.2022