Donno-Johnson

*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.

2.21.23

Application # _

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 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: HPG Fuguer Varior Health Investors LLC Date: 1-26-23	
Site Address: 40 Bawls Club Bd Firgury Varing NC 275, Phone:	
Directions to job site from Lillington: Depart from 420 Mckinney Pkny, head toward	
Alexander Dr, turn left anto Alexander	
turn left onto US-401N, Key straight,	
Subdivision:	Lot:
Description of Proposed Work: Construction of	an assisted living fucility.
Heated SF 33,000 Unheated SF General Contractor Information: Building	
	g Cost \$ 145, d 51.00
Building Contractor's Company Name	7919-776-4641 Telephone
Address Colon Road Sanford NC 25	1330 Chose @ Carolina Commercial nc. 101 Email Address
Signature of Owner/Contractor/Officer(s) of Corporation <u>Electrical Contractor Information:</u> Electrical	License # Warden 653, 929.00 Warden Low VI Hurg
Description of Work See glas pog Servi	ice Size: Amps #T-Poles 171 261.00
Electrical Contractor's Company Name	3310-849-8034 Telephone
POBOX 746 Yadkinville NC 2705	5 <u>randy we wardenenterprise</u> , com Email Address
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mec	hanical Cost \$
Description of Work	# Units
Mechanical Contractor's Company Name	910-392-6400 Telephone
Address Amsterdam Way Wilmington A	VC 10 b. annette @ odysseynechanical. com Email Address
Signature of Owner/Contractor/Officer/s) of Comparation	License #
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumb	License # ping Cost \$
Description of Work	# Baths
Simpson & Sons Plumbing	919-774-3790
Plumbing Contractor's Company Name	Telephone
Address Address	Email Address
Marie Carlos Control Control	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulating Inc.	336-213-9144
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Information	919-553-2256
Sprinkler Company Sprinkler Company Name	Telephone
315 West Main St Clayton NC 27520	Farring dspankles.com
Address	16269FS
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Informatio	336-849-8034
Warden Enterprises Inc	Telephone
Fire Alarm Contractor's Company Name	
Address POBOX 746 Yadkinvine NC 27035	Fandy W @ wardenenterprise co
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Driveway Ac	cess/Permit?No
	The state of the s
I hereby certify that I have the authority to make necessary application, and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if <u>any</u> changes occur includin number of bedrooms, building and trade plans, Environmental Health pechanges, I certify it is my responsibility to notify the Harnett County Ce	the information on the aboveing listed contractors, site plan, ermit changes or proposed use
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.	
	2723
10 to the Moffmarks of Compression	2-7-23 Date
Signature of Owner/Contractor/Officer(s) of Corporation	<u>2-7-23</u> Date
	2-7-23 Date .C.G.S. 87-14
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N The undersigned applicant being the:	2-7-23 Date .C.G.S. 87-14
Affidavit for Worker's Compensation N The undersigned applicant being the:	
Affidavit for Worker's Compensation N	of the Contractor or Owner
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of Do hereby confirm under penalties of perjury that the person(s), firm(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of the confirm under penalties of perjury that the person(s) of the confirm under penalties of the	of the Contractor or Owner or corporation(s) performing the work
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of perjury that the person(s), firm(s) of set forth in the permit:	of the Contractor or Owner or corporation(s) performing the work opensation insurance to cover them.
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of Do hereby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit: Has three (3) or more employees and has obtained workers' com Has one (1) or more subcontractors(s) and has obtained workers	of the Contractor or Owner or corporation(s) performing the work opensation insurance to cover them.
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of the contractor Owner Officer/Agent of the contractor of t	of the Contractor or Owner or corporation(s) performing the work opensation insurance to cover them.
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of the person of the per	of the Contractor or Owner or corporation(s) performing the work opensation insurance to cover them. 'compensation insurance to cover of workers' compensation insurance insurance odd that the Central Permitting orker's compensation insurance prior in any person, firm or corporation
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of the person	of the Contractor or Owner or corporation(s) performing the work opensation insurance to cover them. 'compensation insurance to cover of workers' compensation insurance insurance odd that the Central Permitting orker's compensation insurance prior in any person, firm or corporation

*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 Ilcense.

Application # _

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades I	Permit
Owner's Name: HPG Fuguer Varing Health Investors LLC Date: 1-26-23	
Site Address: 40 Rawls Club Rd Figure Varira NC 275-Phone:	
Directions to job site from Lillington: Depart from 420 Mckinney PKwy, head toward	
Alexander Dr turn left anto Alexander Dr turn left anto McKinney PKmy	
turn left onto US-401N, Key straight, turn	right anto Rawls club Road
Cub division:	
Description of Proposed Work: Construction of an assisted living fucility	
Heated SF 27 000 Unneated SF	
General Contractor Information: Building Cost \$_	919-776-4641
Building Contractor's Company Name	Telephone
1600 Colon Road Sanford NC 27330	Chose @ Carolina Commercial ne. 101 Email Address
Address	<u> 42607</u>
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost \$	
	336-849-803H
Electrical Contractor's Company Name	Telephone
POBOX 746 Yadkinville NC 27055	<u>randy w. P. Wardenenterprise.</u> Com Email Address
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical C	ost \$
Description of Work	# Units
Mechanical Contracter's Company Name	910-392-6400 Telephone
Address Amsterdam Way Wilmington NC 28405	16 b. annette @ odysseynerhanical, con Email Address
Delination of the second	and of the same
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	
Description of Work	# Baths
Plumbing Contractor's Company Name	919-774-3790 Telephone
230 Jenni Lame Somford NC 27330	Email Address Plumbing 1c@
V-1	the same of the sa
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulation Inc.	336-213-9144
Insulation Contractor's Company Name & Address	Telephone

/	
Sprinkler Contractor Information	1 0
Ja D Sprinkler Company	919-553-2256
Sprinkler Contractor's Company Name	
Sprinkler Contractor's Company Name 315 West Main St Clayton NC 27520 Address	Farring dsprinkler.com
Address	L OLOTS
Signature of Officer(s) of Corporation	16269FS
Fire Alarm Contractor Information	n License #
	336-849-8034
Varden Enterprises Inc Fire Alarm Contractor's Company Name	Telephone
Address POBOX 746 Yadkinville NC 27035	randy W@ wardenenterprise. Email Address
Signature of Officer(s) of Corporation	License #
S 50 MM	/
<u>Driveway Access</u> - NC Department of Transportation Driveway Acc	cess/Permit?No
I hereby certify that I have the authority to make necessary application, and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if <u>any</u> changes occur includin number of bedrooms, building and trade plans, Environmental Health pe changes, I certify it is my responsibility to notify the Harnett County Cerany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150.	ing, Electrical, Plumbing and the information on the above ag listed contractors, site plan, rmit changes or proposed use atral Permitting Department of
is charged at full price per current fee schedule.	
and the same	2-7-23
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 o	f the Contractor or Owner
Do hereby confirm under penalties of perjury that the person(s), firm(s) o set forth in the permit:	r corporation(s) performing the work
Has three (3) or more employees and has obtained workers' comp	pensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obtained workers'	compensation insurance to cover
Has one (1) or more subcontractors(s) who has their own policy of covering themselves.	f workers' compensation insurance
Has no more than two (2) employees and no subcontractors.	
While working on the project for which this permit is sought it is understood Department issuing the permit may require certificates of coverage of wo to issuance of the permit and at any time during the permitted work from carrying out the work.	rker's compensation insurance prior any person, firm or corporation
Company or Name: Carolina Commercial Control	ac turs
Sign w/Title:	

*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 #_

Hamett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hametLorg/permits
COMMERCIAL

Application for Building and Trades	Permit
Owner's Name: HPG Fuguar Varior Health In	Vestors LLC Date: 1-26-23
Site Address: HO Royals (In) By Figure Varied NC 2759hone:	
Directions to job site from Lillington: Dear t from 420 M	L'Kinney PKWY head TOWARD
Directions to job site from Lillington: Depart from 420 Mc Kinney PKmy, head toward Alexander Do turn left on the Alexander Do turn left onto Mc Kinney PKmy	
Alexander Dr. turn left anto Alexander Dr. turn left anto Mckinney Pkny turn left anto US-401N, Keip straight, turn right anto Rawks club Road	
Subdivision:	Lot
Description of Proposed Work: Construction of an a	esicted living facility
Heated SF 33,000 Unheated SF	
General Contractor Information: Building Cost \$	
Coursing Commercial Contractors	919-776-4641
Building Contractor's Company Name	Telephone
1600 Colon Road Sanford NC 27330	Chose @ Carolina Commercial nc. 10.
Address	
Signature of Owner/Contractor/Officer(s) of Corporation	<u> </u>
Electrical Contractor Information: Electrical Cost	\$ Name and the
Description of Work Service Size:	
Electrical Contractor's Company Name	3310-849-8034 Telephone
Electrical Contractor's Company Name	
POBOX 746 Yadkinrille NC 27055 Address	Franky W. P. Wardenenter prise. Com Email Address
Address	WER MANUFACTURE OF THE PARTY OF
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical C	Cost \$
Description of Work	# Units
Mechanical Cohlracter's Company Name	910-392-6400 Telephone
Mechanical Cohiracter's Company Name	
Address Amsterdam Way Wilmington NC 28405	Tob annette @ odysseynechanical. Con Email Address
Address	Ellian Audiess
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost	
Description of Work Complete Plumbing System. Undergound, Top and +Sol	Fixtys# Baths 45
Simpson + Sons Plumbing	919-774-3790
Plumbing Contractor's Company Name	Telephone
230 Jani Lane Samord NC 27330	Simpsonand Sons plumbing I com
Address	· 100 / 100
Tarel +	1.08467
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulating Inc.	336-213-9144
Insulation Contractor's/Company Name & Address	Telephone

Sprinkler Contractor Information	1 0.4 Fra
Sprinkler Contractor Information J 4 D Sprinkler Company Sprinkler Company Sprinkler Company Sprinkler Contractor information Sprinkler Company Sprinkler Company Sprinkler Company Address	914-353-2256
Sprinkler Contractor's Company Name	Telephone
315 West Main St M Clayton NC 520	tarrine idspankless com
Address // Market / 27220	Email Address
	626945
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Informatio	721 840-00211
Warden Enterprises Inc	336-849-8034
Fire Alarm Contractor's Company Name	Telephone
POBOX 746 YadkinvineNC 27035	randy We wardenenterprise co
Address	Email Address
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Driveway Acc	cess/Permit? VesNo
I hereby certify that I have the authority to make necessary application,	ing Electrical Plumbing and
and that the construction will conform to the regulations in the Bulld Mechanical codes, and the Harnett County Zoning Ordinance. I state	the injournation on the above
and the stand is separated as known to me and if any changes occur including	in listed contractors, site plan,
number of badrages building and trade plans Environmental Health De	mit changes of proposed use
changes, I certify it is my responsibility to notify the Hamett County Cer	ntral 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.	bo. Falci 2 journ to house 15
is clarged at full price per current too darrosses.	
	2-7-23
Signature of Owner/Contractor/Officer(s) of Comoration	2-7-23 Date
Signature of Owner/Contractor/Officer(s) of Corporation	2-7-23 Date
	Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N The undersigned applicant being the:	Date
Affidavit for Worker's Compensation N The undersigned applicant being the:	.C.G.S. 87-14
Affidavit for Worker's Compensation N	.C.G.S. 87-14
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of	.C.G.S. 87-14 of the Contractor or Owner
Affidavit for Worker's Compensation N The undersigned applicant being the:	.C.G.S. 87-14 of the Contractor or Owner
Affidavit for Worker's Compensation No. The undersigned applicant being the: General Contractor Owner Officer/Agent of Do heraby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit:	of the Contractor or Owner or corporation(s) performing the work
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of Do hereby confirm under penalties of perjury that the person(s), firm(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of th	of the Contractor or Owner or corporation(s) performing the work
Affidavit for Worker's Compensation No. The undersigned applicant being the: General Contractor Owner Officer/Agent of Do hereby confirm under penaltiles of perjury that the person(s), firm(s) of set forth in the permit: Has three (3) or more employees and has obtained workers' compensation No. Has three (3) or more employees and has obtained workers' compensation No. Officer/Agent of the permit of the person of the person of the person of the permit of	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them.
Affidavit for Worker's Compensation No. The undersigned applicant being the: General Contractor Owner Officer/Agent of Do heraby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit:	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them.
Affidavit for Worker's Compensation No. The undersigned applicant being the: General Contractor Owner Officer/Agent of perjury that the person(s), firm(s) of set forth in the permit: Has three (3) or more employees and has obtained workers' compensation No. Has one (1) or more subcontractors(s) and has obtained workers' them.	of the Contractor or Owner or corporation(s) performing the work pensation Insurance to cover them.
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Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of set forth in the permit: Has three (3) or more employees and has obtained workers' commented. Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy of 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 understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit is sought in the permit may require certificates of coverage of which the permit is sought in the permit is sought in the permit is sought in the permit may require certificates of coverage of which the permit is sought in the permit	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. compensation insurance to cover of workers' compensation insurance
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of set forth in the permit: Has three (3) or more employees and has obtained workers' commented. Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy of 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 understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit may require certificates of coverage of which the permit is sought it is understond the permit is sought in the permit may require certificates of coverage of which the permit is sought in the permit is sought in the permit is sought in the permit may require certificates of coverage of which the permit is sought in the permit	of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. compensation insurance to cover of workers' compensation insurance
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Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits
COMMERCIAL

Application for Building and Trades Permit	
Owner's Name: HP (Fugues Varior Health Investors LLC Date: 1-26-23	
Site Address: 40 Rawls Club Rd. Fuguas Varira NC 275 Phone:	
Directions to job site from Lillington: Depart from 420 Mc Kinney PKry, head toward	
Alexander Dr turn left anto Alexander Dr. turn left anto McKinney FKmy	
turn left onto US-401N, Keep straight, turn right onto Rawls club Road	
Subdivision:	Lot:
Description of Proposed Work: Construction of an as	sisted living fucility.
Heated SF 33 000 Unheated SF	
General Contractor Information: Building Cost \$_	919-776-4541
Building Contractor's Company Name	Telephone
1600 Colon Road Sanford NC 27330	Chase @ Carolina Commercial nc. co.
Address	Email Address
*	42607
Signature of Owner/Contractor/Officer(s) of Corporation	License # #
Description of Work Fastallation of Electrical Service Size:	325,000 200 Amps #1-Poles 3
Warden Enterprise Systems	336-849-8034
Electrical Contractor's Company Name	Telephone
POBOX 746 Yadkinville NC 27055	randy w & wardenenterprise. com
Address 7/1	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	32718 U. License #
Mechanical Contractor Information: Mechanical Co	ost \$ 673,000,00
Description of Work AVAC POCHUM	#Units (1) Split Systm (7) ERV 910-392-6400 (50) PTAC Telephone with skeve
Odussen Mechanical	910-392-6400 (50) PTAC
Mechanical Contracter's Company Name	Telephone With Start
67130 Amsterdam Way Wilmington NC	10b. annette @ odysseynechanical. Con Email Address
Address	08361
Signature of Owner/Contractor/Officer(s) of Corporation	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	\$ \$54600.00
Description of Work Complete physicing System	# Baths 4 5
Plumbing Contractor's Company Name	919-774-3790
	Telephone Simpsonand Sons plumbiral Ica
Address Address	Email Address
See other page for signature	LO 8467
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulating Inc.	336-213-9144
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Information	The state of the s
	919-553-2356
Sprinkler Company Sprinkler Company Sprinkler Company Name	Telephone
315 West Main St 1 Clayton NC 32520	Farring idspankles com Email Address
Address /	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor Information	License #
Warden Enterprises Inc	336-849-8034
Fire Alarm Contractor's Company Name	Telephone
POBOX 746 Yadkinvine NE 27035	Fandy W@ wardenewterprise C
Address P 7/1)	327/8 U
Signature of Officer(s) of Corporation	License #
Signature of Officer(s) of Corporation	Was No
Driveway Access - NC Department of Transportation Driveway A	
I hereby certify that I have the authority to make necessary application and that the construction will conform to the regulations in the Bui Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if <u>any</u> changes occur include number of bedrooms, building and trade plans, Environmental Health per changes, I certify it is my responsibility to notify the Harnett County County and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$15 is charged at full price per current fee schedule.	e the information on the above ling listed contractors, site plan, permit changes or proposed use entral Permitting Department of
	2 7 23
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Assiducit for Markon's Companyation	N.C.G.S. 87-14
Affidavit for Worker's Compensation	
The undersigned applicant being the:	
The undersigned applicant being the: General Contractor Owner Officer/Agent	t of the Contractor or Owner
The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	t of the Contractor or Owner or corporation(s) performing the work
The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	t of the Contractor or Owner or corporation(s) performing the work
The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s)	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them.
The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' co Has one (1) or more subcontractors(s) and has obtained workers	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them. rs' compensation insurance to cover
The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' co Has one (1) or more subcontractors(s) and has obtained worker them. Has one (1) or more subcontractors(s) who has their own policy	t of the Contractor or Owner or corporation(s) performing the work mpensation insurance to cover them. rs' compensation insurance to cover
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*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 27548 PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.hamett.org/permits

COMMERCIAL

Application for Building and Trades	
Owner's Name: HPG Fuguar Varing Health Investors LLC Date: 1-26-23.	
Site Address: 40 Kawls Club Rd. Figure Varing NC 275. Phone:	
Directions to job site from Lillington: Depart from 420	ackinney PKwy, head toward
Alexander Dr. turn left anto Alexander Dr turn left anto Mikingan PKM	
turn left onto US-401N, Keep straight, turn	right anto Rawks club Road
Subdivision:	Lot:
Description of Proposed Work: Construction of an o	assisted living fucility.
Heated SF 33,000 Unheated SF General Contractor Information: Building Cost \$	
Cours line Commercial Contractors	919-776-4641
Building Contractor's Company Name	Telephone
Address Colon Road Sanford NC 27330	Chose @ Carolina Commercial ne.co
	42607
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost	License #
Description of Work Service Size:	Amps #T-Poles
Electrical Contractor's Company Name	336-849-8034 Telephone
POBOX 746 Yadkinrille NC 27055	
Address	<u>Fandy W. & Wardenenterprise.</u> Com Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Contractor Information:	License # Cost \$ 828,000 =
Description of Work Mechanist For assisted living, Places, Split sylen	Shad# Units 62
Mechanical Contractor's Company Name	G 10- 39 2-6 400 Telephone
Address Amsterdam Way Wilmington NC	Tob annette Codysseynechanical, con Email Address
RI Wallette 28405	08261
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost Description of Work	
	# Baths
Plumbing Contractor's Company Name	919-774-3740 Telephone
Address Lane Sanford NC 27330	Email Address Planting I com
Signature of Owner/Contractor/Officer(s) of Corporation	Washington and the
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulating Inc.	336-213-9144
Insulation Contractor's Company Name & Address	Telephone