

\*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: LAKHVIK SINGH Date: 6/26/23  
Site Address: 918- Long BRANCH RD Dunn NC Phone: 910-747-8000  
Description of Proposed Work: Addition, Bath rooms / Reception Area

**General Contractor Information:** Building Cost \$ 50,000

PAMI REMODELING CO INC 910-489-9121  
Building Contractor's Company Name Telephone  
905 RED CEDAR LANE JMehmi@gmail.com  
Address Email Address  
[Signature] 83476  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 8,000

Description of Work Lights + receptacle Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
SECS Electric 910-309-6502  
Electrical Contractor's Company Name Telephone  
6630 MUSCAT RD HOPEWELL AC 27348 bistenosm@gmail.com  
Address Email Address  
[Signature] 18002-L  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work N/A # Units \_\_\_\_\_  
Mechanical Contractor's Company Name Telephone  
Address Email Address  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Plumbing Contractor Information:** Plumbing Cost \$ 3,000

Description of Work Plumb 2 Bath Room Toilet + Sinks # Baths 2  
AUSTON PLUMBING CO 910-850-8384  
Plumbing Contractor's Company Name Telephone  
5411- BIRCH RD Fayetteville NC 28304 Leighton.austin7@gmail.com  
Address Email Address  
[Signature] 28733  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

TRI City 3154 Camden RD Fayetteville 910-486-8855  
Insulation Contractor's Company Name & Address Telephone

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

strong roots • new growth

**Sprinkler Contractor Information**

N/A  
Sprinkler Contractor's Company Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature of Officer(s) of Corporation  
\_\_\_\_\_

\_\_\_\_\_  
Telephone  
\_\_\_\_\_  
Email Address  
\_\_\_\_\_  
License #  
\_\_\_\_\_

**Fire Alarm Contractor Information**

N/A  
Fire Alarm Contractor's Company Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature of Officer(s) of Corporation  
\_\_\_\_\_

\_\_\_\_\_  
Telephone  
\_\_\_\_\_  
Email Address  
\_\_\_\_\_  
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.

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

6/26/23  
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.

Sign w/Title: Lakshmi Singh

Date: 6/26/23

DO NOT REMOVE!

Details: Appointment of Lien Agent  
Filing #: 1946904

Filed on: 06/26/2023  
Initially filed by: B...

**Designated Lien Agent**

Chicago Title Company, LLC

Online: [www.lienagent.com](http://www.lienagent.com)

Address: 773 5 West Street, Suite 900 /

Raleigh, NC 27603

Phone: 888-690-7384

Fax: 919-489-5231

Email: [lienagent@lienagent.com](mailto:lienagent@lienagent.com)

**Project Property**

918 LONGBRANCH RD  
DUNN 28334  
NC

**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**

**Date of first financing**

07/3/2023

Jagjit Mehmi  
905 Red Cedar Lane  
Fayetteville, NC 28306  
United States  
Email: [jmehmi@gmail.com](mailto:jmehmi@gmail.com)  
Phone: 910-489-9171

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Technical Support Hotline: (888) 690-7384