

*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

10.80x 65 Lillingt in: Nr. 27546 10.80 t. 7525 + ax 910-893 2793 www.hamett.org/permits

COMMERCIAL

Application for Building and Trades Permit

| Application to the same | Date 11.8 23 |
|--|---------------------------------|
| Owner's Name CT Spout Springs LLC | Phone 513-315-7862 |
| C.t. Address 1517 NC-24/87, Spout Springs NC, 28326 | Phone |
| Description of Proposed Work New Popeyes Restaurant | 0) a |
| General Contractor Information: Building Cost \$ | 713.000 |
| Cooke Contracting Inc . | 500 200 0020 |
| Building Contractor's Company Name | Telephone |
| 1250 Revolution Mill Dr. ST 135 Greensboro NC 27405 | mike.cooke@cookecontracting.com |
| Address MEET MUTTER COOK I | Email Address 83827 |
| Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost Description of Work Electrical Install Only Service Size 1000 | Allips Historics |
| JOSSE CAUSEY Electric CAUSEY BUE COPT UTC SECVICE ! , LIC | 336-991-8015 |
| Electrical Contractor's Company Name | Telephone |
| 311 Meredith Dr. Trinity NC 27370 | jessecauseyelectric@gmail.com |
| Address | Email Address |
| Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Contractor Information: | License # cost \$ 109,493 |
| Description of Work Turnkey Mechanical | # Units ² |
| Duggins Mechanical | 336-226-2164 |
| Mechanical Contractor's Company Name | Telephone |
| 3125 Tucker St Ext, Burlington, NC 27215 | dugginsmechanical@gmail.com |
| Address | Email Address |
| Signature of Oynet Contract Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost | 19886 License # \$ 69.250 |
| Description of Work Turnkey Plumbing | # Baths 1 |
| Dixon Plumbing Inc | 919-931-6646 |
| Plumbing Contractor's Company Name | Telephone |
| 2521 lee Aug Sandord, HC 27332 | gdixon@dixonplumbinginc.com |
| Address | Email Address |
| 18 () 5 | 11783.P1 |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |
| Insulation Contractor Information | on 225 242 0144 |
| Tri-City Insulation & Building Products. 334 East Mtn Dr. Fayett | 336-213-9144 |
| Insulation Contractor's Company Name & Address | Telephone |

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

Harnett

| Sprinkle | r Contractor Information |
|---|---|
| NA (no sprinkler) | |
| Sprinkler Contractor's Company Name | Telephone |
| Address | Email Address |
| Signature of Officer(s) of Corporation | License # m Contractor Information |
| NA (No FA System) Ansul Fire Suppression/H | |
| Fire Alarm Contractor's Company Name | Telephone |
| Fire Alarm Contractor's Company Name | |
| Address . | Email Address |
| Signature of Officer(s) of Corporation | License # |
| | Transportation Driveway Access Permit? X Yes Xo |
| and that the construction will conform to the Mechanical codes, and the Harnett County 2 contractors is correct as known to me and if a number of bedrooms, building and trade plans changes. I certify it is my responsibility to not any and all changes. | ake necessary application, that the application is correct e regulations in the Building, Electrical, Plumbing and Coning Ordinance. I state the information on the above any changes occur including listed contractors site plan is Environmental Health permit changes or proposed use lify the Harnett County Central Permitting Department of permit re-issue fee is \$150.00. After 2 years re-issue fee e. |
| Millet | 11 8.23 |
| Signature of Owner/Contractor/Officer(s) of C | orporation Date |
| The undersigned applicant being the | er's Compensation N.C.G.S. 87-14 |
| General Contractor Owner | Officer/Agent of the Contractor or Owner |
| set forth in the permit | that the person(s) firm(s) or corporation(s) performing the work |
| | has obtained workers' compensation insurance to cover them and has obtained workers' compensation insurance to cover |
| | who has their own policy of workers compensation insurance |
| Has no more than two (2) employees | and no subcontractors |
| Department issuing the permit may require co | ermit is sought it is understood that the Central Permitting ertificates of coverage of worker's compensation insurance prior ing the permitted work from any person, firm or corporation |
| Sign w/Title | Privilet Date 11.823 |