

*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
Food Lion 2188

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Food Lion / Delhaize Date: 12/30/23
Site Address: 1655 Buffalo Lake Rd, Sanford, NC 27332 Phone: _____

Directions to job site from Lillington: _____
go south on 210, turn rt on Anderson Creek School Rd,
then rt on Lemuel Black Rd, then rt on Nursery Rd, then left on Docs Rd, Then left on
Micro Tower Rd(turns into Alpine Rd, Then left into Food Lion shopping center

Subdivision: _____ Lot: _____

Description of Proposed Work: Interior remodel of existing Food Lion Grocery Store

Heated SF 35,466 Unheated SF _____

General Contractor Information: Building Cost \$ 518,134.00

Vertex Construction Company LLC

Building Contractor's Company Name _____

721 Corporate Cir, Salisbury, NC 28147

Address _____

Steve Thurston

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

Electrical Contractor Information: Electrical Cost \$ 201,000.00

Description of Work interior remodel of existing Food Lion Service Size: _____ Amps #T-Poles _____

HCS Electric & Technologies Inc

Electrical Contractor's Company Name _____

726 Port Penn Rd, Middletown, DE 19709

Address _____

Carl Ramsey

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

N/A

Mechanical Contractor's Company Name _____

Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ 40,000.00

Description of Work interior remodel of existing Food Lion # Baths _____

Garrett Construction Services, Inc

Plumbing Contractor's Company Name _____

9821 E WT Harris Blvd, Charlotte, NC 28227

Address _____

Ron Garrett

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

Insulation Contractor Information

N/A

Insulation Contractor's Company Name & Address _____

Telephone _____

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

<u>Sprinkler Contractor Information</u>	
Fire Technologies, Inc	910-675-0099
Sprinkler Contractor's Company Name	Telephone
PO Box 134, Castle Hayne, NC 28429	james.mills@firetechnologiesinc.com
Address	Email Address
<i>James Mills</i>	30760
Signature of Officer(s) of Corporation	License #
<u>Fire Alarm Contractor Information</u>	
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.

Steve Thurston 12/30/23
 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:	
<input checked="" type="checkbox"/> General Contractor	<input type="checkbox"/> Owner <input type="checkbox"/> 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:	
<input checked="" type="checkbox"/> Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
<input type="checkbox"/> Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
<input checked="" type="checkbox"/> Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.	
<input type="checkbox"/> 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: <u>Vertex Construction Company LLC</u>	
Sign w/Title: <u>Steve Thurston</u> Vice President	Date: <u>12/30/23</u>