

*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: Midgard Self Storage Spring Lake NC, LLC Date: 7/6/23
 Site Address: 14396 NC 210 S SPRING LAKE, NC 23890 Phone: 404-909-1443
 Description of Proposed Work: New 2-story climate controlled building (105'x100'); existing small building to

General Contractor Information: Building Cost \$ 2,533,000

Reliant Development, LLC (770)609-8276
 Building Contractor's Company Name Telephone
1146 Canton Street, Roswell, GA 30075 maronowitz@reiant-mgmt.com
 Address Email Address
[Signature] 102138
 Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 212,214

Description of Work Electrical Service Size: _____ Amps #T-Poles _____
Smart Electric LLC (864)518-1991
 Electrical Contractor's Company Name Telephone
3620 Pelham Rd PMB#345 Greenville, SC 29615 smartelectricllc@yahoo.com
 Address Email Address
[Signature] U-31650
 Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ _____

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

Plumbing Contractor Information: Plumbing Cost \$ 33,000.00

Description of Work _____ # Baths 2
Denali Piping & Mechanical LLC 910 527-1696
 Plumbing Contractor's Company Name Telephone
5599 Windy Knoll Pl. _____
 Address Email Address
[Signature] 36671
 Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

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


28304
Fayetteville

| <u>Sprinkler Contractor Information</u> | |
|--|---------------|
| TBD Sprinkler Contractor's Company Name | Telephone |
| Address | Email Address |
| Signature of Officer(s) of Corporation | License # |
| <u>Fire Alarm Contractor Information</u> | |
| TBD 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 checked="" type="checkbox"/> Yes <input 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.

Signature of Owner/Contractor/Officer(s) of Corporation  Date 7-12-23

| 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. | |
| Sign w/Title: <u></u> | director Date: <u>Jan 10, 2024</u> |