\*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.hamett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Pathik Patel		Date: 3-8-2024
Site Address: 1504 NC Hwy 87, Cameron, NC 28326	Phone	609 576 6826
Directions to job site from Lillington:	rione.	
Go south on 210 through Overhill Rds through Nursery Rd	to Rt 24/Huny 97	
	2 10 1 12 24/11 Wy 67	
Subdivision:	l ot-	
Description of Proposed Work: Tenant fit up work for Buffalo	Wild Wings	
Heated SF 1,870 Unheated SF	The Thigo	
General Contractor Information: Building	Cost s estimated 200 (	000 total building
Rhetson Companie	s, Inc. 910-944-08	81
Building Contractor's Company Name	Telephone	
2075 Juniper Lake Rd. West End, NC 27376	jscott@rhetsc	on com
Address	Email Address	777.00111
(GVII)	55928	
Signature of Owner/Contractor/Officer(s) of Corporation	l iconce #	
Description of Work Complete electrical work per plans Service	al Cost \$ \$98,790	
Rainwater Electrical	910-557-547	T-Poles <u>n/a</u>
Electrical Contractor's Company Name	Telephone	3
PO Box 1,36 Marston, NC 28363	rainwaterelectrica	al@live.com
Address // //	Email Address	1100.0011
Korold Lain Kamat	U.26148	
Signature of Owner/Contractor/Officer(s) of Corporation	License 45	
Mechanical Contractor Information: Mechanical	nical Cost \$\$44,300	_
Description of Work Complete HVAC work per plans	# Units	n/a
J&S Heating and Air	910-375-4535	
Mechanical Contractor's Company Name 360 Park Ave, Suite D Youngsville, NC 27596	Telephone	
ddress	jeff@jsheatair.co	om
	Email Address	
ignature of Owner/Contractor/Officer(s) of Corporation	22675	41 HZ H3
Plumbing Contractor Information: Plumb		
escription of Work Complete Plumbing work per plans		)
ade Hardin Plumbing and Construction	# Baths	3.0
lumbing Contractor's Company Name	910-486-0334	
	Telephone	
2520 Gillespie St. Fayetteville, NC 28306	hardinw@ac	ol.com
I Toutle Llandin INIKID	Email Address	
gnature of Owner/Contractor/Officer(s) of Corporation	PL7320	)
	License #	
Insulation Contractor Informa	ition	
sulation Contractor's Company Name & Address		
Some & Address	Telephone	

N/A Sprinkler Contractor I	Information
Sprinkler Contractor's Company Name	Telephone
Address	relephone
	Email Address
Signature of Officer(s) of Corporation	License #
N/A Fire Alarm Contractor I	nformation
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	
Driveway Access - NC Department of Transportation Dri	License #
hereby certify that I have the authority to make necessary ap- nd that the construction will conform to the regulations in fechanical codes, and the Harnett County Zoning Ordinance	
umber of bedrooms, building and trade plans, Environmental it hanges, I certify it is my responsibility to notify the Harnett Conny and all changes permit Fees - 6 months to 2 years permit re-issue feed charged at full price per current fee schedule.	e is \$150.00. After 2 years re-issue fee
gnature of Omer/Contractor/Officer(s) of Corporation	3-8-2024 Date
A. 8	Date
Affidavit for Worker's Company	
	ition N.C.G.S. 87-14
General Contractor Owner Officer	Agent of the Contractor or Owner
General ContractorOwnerOfficer, hereby confirm under penalties of perjury that the person(s), forth in the permit:	Agent of the Contractor or Owner
General Contractor Owner Officer, hereby confirm under penalties of perjury that the person(s), forth in the permit:	Adjustion N.C.G.S. 87-14  Agent of the Contractor or Owner firm(s) or corporation(s) performing the work
General ContractorOwnerOfficer, hereby confirm under penalties of perjury that the person(s), if forth in the permit:  Has three (3) or more employees and has obtained worke	Adjustion N.C.G.S. 87-14  Adjusted Adju
General Contractor Owner Officer, hereby confirm under penalties of perjury that the person(s), forth in the permit:  Has three (3) or more employees and has obtained worke Has one (1) or more subcontractors(s) and has obtained with.  Has one (1) or more subcontractors(s) who has their	Address of the Contractor or Owner firm(s) or corporation(s) performing the work rs' compensation insurance to cover them.
General ContractorOwnerOfficer.  The hereby confirm under penalties of perjury that the person(s), it forth in the permit:  Has three (3) or more employees and has obtained worke  Has one (1) or more subcontractors(s) and has obtained worker.  Has one (1) or more subcontractors(s) who has their own pering themselves.	Address of the Contractor or Owner firm(s) or corporation(s) performing the work rs' compensation insurance to cover them.  Workers' compensation insurance to cover policy of workers' compensation insurance
General ContractorOwnerOfficer.  The hereby confirm under penalties of perjury that the person(s), it forth in the permit:  Has three (3) or more employees and has obtained workeHas one (1) or more subcontractors(s) and has obtained withHas one (1) or more subcontractors(s) who has their own pering themselves.  Has no more than two (2) employees and no subcontractor working on the project for which this permit is sought it is unpartment issuing the permit may require certificates of coverage subcontractor of the permit and at any time during the permitted working out the work.	Address of the Contractor or Owner  firm(s) or corporation(s) performing the work  ars' compensation insurance to cover them.  workers' compensation insurance to cover  policy of workers' compensation insurance  ars.  Inderstood that the Central Permitting  e of worker's compensation insurance prior  k from any person, firm or corporation
General Contractor Owner Officer, the hereby confirm under penalties of perjury that the person(s), it forth in the permit:  Has three (3) or more employees and has obtained worked. Has one (1) or more subcontractors(s) and has obtained worked. Has one (1) or more subcontractors(s) who has their own pering themselves.	Address of the Contractor or Owner  firm(s) or corporation(s) performing the work  ars' compensation insurance to cover them.  workers' compensation insurance to cover  policy of workers' compensation insurance  ars.  Inderstood that the Central Permitting  the of worker's compensation insurance prior  the from any person, firm or corporation