

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
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: FOURTUSELIZ LLC Date: 10/17/2025
Site Address: 130 BRANDYWOOD CT, CAMERON NC Phone: 902-541-5257
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: DEMO EXISTING RESIDENT/NEW CONSTRUCTION OF SCOOPER

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 734,662

HUDSON COMPANY OF TENNESSEE
Building Contractor's Company Name Telephone 754 657 1010

PO BOX 429 HENAGAR AL 36778
Address Email Address KIVILKS@HUDSONCOINC.COM

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 13A50

Description of Work: Electrical Scope Electrical Contractor Information: Electrical Cost \$ 73,000 Service Size: 400 Amps #T-Poles _____

Insight Electrical Construction LLC
Electrical Contractor's Company Name Telephone 719-425-1077

4401 Purnell Rd, Wake Forest, NC 27587
Address Email Address ap@insightelec.com

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 34173

Mechanical Contractor Information: Mechanical Cost \$ 79,000 # Units _____

Description of Work: HVAC Mechanical Contractor's Company Name Telephone 910-425-3350

Arnold Service Co
Address 880 Person St Fayetteville, NC 28301 Email Address scottj@ascheatandair.com

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 22474

Plumbing Contractor Information: Plumbing Cost \$ 62,700 # Baths _____

Description of Work: Commercial Plumbing Plumbing Contractor's Company Name Telephone _____

Mckenzie Plumbing
Address 414 Cedar Creek RD Fayetteville, NC 28312 Email Address projects@mckenzieplumbing

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 13588

Insulation Contractor Information

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> | |
|---|---------------------|
| <u>N/A</u> Sprinkler Contractor's Company Name | Telephone _____ |
| Address _____ | Email Address _____ |
| Signature of Officer(s) of Corporation _____ | License # _____ |
| <u>Fire Alarm Contractor Information</u> | |
| <u>N/A</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 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 Hamett 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 Hamett 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: [Signature] Date: 6/17/25

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.

Company or Name: HUDSON SO OF TR

Sign w/Title: [Signature], VP Date: 6/19/25