

*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 # BOMBI . 0009

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: Par 5 Development Group, LLC	Date: _11/12/18
Site Address: US 401 N Parcel ID# 0654-51-3127	Phone: 910-944-0881
Description of Proposed Work: Proposed New Construction of a Dollar General	
General Contractor Information: Building Cost \$ 365,000	
Rhetson Companies, Inc	910-944-0881
Building Contractor's Company Name	Telephone
2075 Juniper Lake Rd	Rachel@rhetsoncompanies.com
Address	Email Address
Grachel Crosby	55928
Signature of Owner Contractor/Officer(s) of Corporation Floatignal Contractor Information: Floatignal Contractor Information:	License #
Electrical Contractor Information: Electrical Cost S Description of Work Service Size:	Amps #T-Poles
TBD We are still choosing subcontractors. The P,M,&E will apply separately	
Electrical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Cost \$	
Description of Work	# Units
TBD	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
0: 1 10 10 10 10 10 10 10 10 10 10 10 10 1	
Signature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor Information: Plumbing Cost \$	
B 1.0 400 1	# Baths
	910-730-4197
Plumbing Contractor's Company Name	Telephone
1800 Sandurest Dr.	relephone
Address Rocking Lun N. C. 28374 Email Address	
rescend roun is a 2851	28797
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulation Contractor Information Bay Insulation 540-986-2572	
	540-986-2572
Insulation Contractor's Company Name & Address	Telephone

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



Sprinkler Contractor Information		
TBD		
Sprinkler Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation License # Fire Alarm Contractor Information		
N/A		
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? Yes 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.		
Grachel Crashy	11/12/18	
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:		
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.		
Sign W/Title: Grack Crashy Construction Expediter	Date: 11/12/18	