

*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: PEC Communications LLC Date: 8/22/2018

Site Address: 1132 Doc Rd, Lillington, NC 27546 Phone: _____

Directions to job site from Lillington: Take NC-27W west to Docs Rd.

Take Docs Rd South for 1.2 Miles

Arrive at substation/tower gate entrance

Subdivision: _____ Lot: _____

Description of Proposed Work: Microwave Tower Demolition and Replacement

Heated SF _____ Unheated SF 100SF

General Contractor Information: Building Cost \$ Existing

Burns & McDonnell North Carolina, Inc

816-822-3961

Building Contractor's Company Name

Telephone

9400 Ward Parkway, Kansas City, MO 64114

wsbuckaloo@burnsmcd.com

Address

Email Address

78936

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

License #

Electrical Contractor Information: Electrical Cost \$ 385,000

Description of Work Erection of new microwave tower Service Size: _____ Amps #T-Poles 1

Gulf Equipment Corporation

Telephone

Electrical Contractor's Company Name

5540 Business Parkway, Theodore Alabama, 36582

Email Address

Address

pbernier@gulfequipment.com

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 \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

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**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Driveway Access - 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.

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

8/22/2018

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.

Company or Name: Burns & McDonnell North Carolina, Inc

Sign w/Title: Dakotah Buckaloo  Digitally signed by Dakotah Buckaloo Date: 2018.08.22 18:46:23-05'00' Date: 8/22/2018