



*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 # BCOM1809-0002

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: SAKS Forth Avenue Date: 10/05/2018

Site Address: 622 Buffalo Lake Rd, Sanford, NC 27332 Phone: 910.494.4940

Description of Proposed Work: Renovate Building To Operate A Daycare Facility

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General Contractor Information: Building Cost \$ 5,000

The Tree Of Knowledge Daycare Center, LLC 919.427.8889

Building Contractor's Company Name Telephone

1765 Saint Luke Church Rd, Goldston, NC 27252 whicks1765@gmail.com

Address Email Address

W. Whicks (self perform)

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

Electrical Contractor Information: Electrical Cost \$ 2,724.49

Description of Work Install Receptacles Service Size: _____ Amps #T-Poles _____

Bowen Construction Services Telephone 219 32-1

Electrical Contractor's Company Name Telephone

310 Bainbridge Circle Garner, NC 919 621 0502

Address Email Address

King Solomon Bowen License #

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work N/A # Units _____

Mechanical Contractor's Company Name Telephone

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ 4,500

Description of Work INSTALL SINKS # Baths 0

GATEWAY PLUMBING Telephone (919) 499-7919

Plumbing Contractor's Company Name Telephone

PO Box 944, BROADWAY, NC 27605 gatewayplumbingnc@yahoo.com

Address Email Address

James Cochran License # 30962

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

Insulation Contractor Information

N/A Telephone _____

Insulation Contractor's Company Name & Address Telephone

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

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Edward
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Sprinkler Contractor Information

Sprinkler Contractor's Company Name N/A Telephone _____
 Address _____ Email Address _____
 Signature of Officer(s) of Corporation _____ License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name Datterson Group Services Inc Telephone 919-776-2403
 Address 229 Carthage Street Sanford NC Email Address dattersongroup@windstream.net
 Signature of Officer(s) of Corporation Bruce Datterson License # 30023 SP-LV/FA

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!

W. Whisk _____ Date 08 OCT 18
 Signature of Owner/Contractor/Officer(s) of Corporation

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: W. Whisk / OWNER Date: 08 OCT 18