

\*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: Full Gospel Tabernacle Inc Date: 7-30-19  
 Site Address: 3661 NE Hwy 55 Dunn NC Phone: 910-740-2474  
 Description of Proposed Work: NEW SANCTUARY

**General Contractor Information:** Building Cost \$ 979,000

CERTIFIED CONSTRUCTION SERVICES INC Telephone 910-237-3262  
 Building Contractor's Company Name  
9820 US 301 N Lumberton NC Email Address chambell4ccs@gmail.com  
 Address  
Chambell License # 39385  
 Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Contractor Information:** Electrical Cost \$ 65,000 Est.

Description of Work INSTALL ASPER PLANS Service Size: 600 Amps #T-Poles 1-100amp  
UNDETERMINED  
 Electrical Contractor's Company Name Telephone \_\_\_\_\_  
 Address Email Address \_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Mechanical Contractor Information:** Mechanical Cost \$ Estimate @ 85,000

Description of Work INSTALL ASPER PLANS # Units 5  
Tempco Telephone 910-738-6095  
 Mechanical Contractor's Company Name  
611 E 17th STR. Lumberton NC Email Address tempco74@merx.biz.com  
 Address  
Jimmy K Lewis License # 06563  
 Signature of Owner/Contractor/Officer(s) of Corporation

**Plumbing Contractor Information:** Plumbing Cost \$ Est. 39,000

Description of Work INSTALL PLUM. ASPER PLANS # Baths 5-R/R AREAS  
Wilkins Plumbing Telephone 910-827-1904  
 Plumbing Contractor's Company Name  
3655 West McDuFEE CROSS ROADS Email Address N/A  
 Address  
Steve Wilkins License # 16182  
 Signature of Owner/Contractor/Officer(s) of Corporation

**Insulation Contractor Information**

UNDETERMINED  
 Insulation Contractor's Company Name & Address Telephone \_\_\_\_\_

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

**Sprinkler Contractor Information**

N/A  
Sprinkler Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Fire Alarm Contractor Information**

TBD  
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] \_\_\_\_\_ 8-5-19 \_\_\_\_\_  
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: [Signature] \_\_\_\_\_ Date: 7-20-19 \_\_\_\_\_

**DO NOT REMOVE!****Details: Appointment of Lien Agent**

Entry #: 1084447

Filed on: 07/30/2019

Initially filed by: timbell

**Designated Lien Agent**

Stewart Title Guaranty Company

**Online:** [www.liensnc.com](http://www.liensnc.com) (<http://www.liensnc.com>)**Address:** 19 W. Hargett St., Suite 507 /

Raleigh, NC 27601

**Phone:** 888-690-7384**Fax:** 913-489-5231**Email:** [support@liensnc.com](mailto:support@liensnc.com) (<mailto:support@liensnc.com>)**Owner Information**

Certified Construction Services Inc

9820 US HWY 301N

Lumberton, NC 28360

United States

Email: [ctimbell4ccs@gmail.com](mailto:ctimbell4ccs@gmail.com)

Phone: 910-739-3321

**Project Property**

Coats Full Gospel Campground

3661 NC HWY 55 East

Dunn, NC 28334

Harnett County

**Property Type**

Other

**Date of First Furnishing**

07/30/2019

**Print & Post****Contractors:**

Please post this notice on the Job Site.

**Suppliers and Subcontractors:**

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

View Comments (0)

**Technical Support Hotline:** (888) 690-7384