



*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.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application # BCOM1810-0009
ECOM1901-0002
MCOM1901-0001
PCOM1901-0001

Application for Building and Trades Permit

Owner's Name: GBR PIZZA Date: 11-28-18
Site Address: 78 H. McKinley Street, Coats, NC 27521 Phone: 919-356-6598
Description of Proposed Work: Interior Fit up (Arch, HVAC, electrical, plumbing)

General Contractor Information: Building Cost \$ 143,000.00 / -

Westroc Construction LLC
Building Contractor's Company Name
PO Box 8513, Rocky Mount, NC 27804
Address

252-885-0768
Telephone
westroc@icloud.com
Email Address
68478

Signature of Owner/Contractor/Officer(s) of Corporation
Electrical Contractor Information: Electrical Cost \$ 25,000
Description of Work Fit-up Service Size: 200 Amps #T-Poles _____
Electrical Solutions of NC, Inc
Electrical Contractor's Company Name
902 Friendly Road, Dunn, NC 28334
Address

License # _____
910-237-0246
Telephone
electricalsolutionsnc@gmail.com
Email Address
22659-L

Signature of Owner/Contractor/Officer(s) of Corporation
Mechanical Contractor Information: Mechanical Cost \$ 28,000-\$500.00
Description of Work _____ # Units _____
Donald M. Collins
Mechanical Contractor's Company Name
PO Box 277, Sanford, NC 27331
Address

License # _____
919498-4143
Telephone
Email Address
11306

Signature of Owner/Contractor/Officer(s) of Corporation
Plumbing Contractor Information: Plumbing Cost \$ 29,000.00 \$500.00
Description of Work Water, Waste, Gas # Baths _____
Creech Plumbing
Plumbing Contractor's Company Name
1038 Murraytown Road, Burgaw, NC 28425
Address

License # _____
910-520-0140
Telephone
becky.creech83@yahoo.com
Email Address
10684-p1

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

N.A.

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 # _____

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.

Hornant Sun _____ 11-28-18 _____
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: _____ Date: _____