

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.hamett.org/permits

COMMERCIAL

Owner's Name: April + Chris topic File Coble Ski Sclos Date: 18- Site Address: 100 Coble Leke; Est Lilling ton MC 2754 Phone: 9/0-370-5777 Description of Proposed Work: Segretion wall in upstairs from Costs Phone: 9/0-370-5777 Description of Proposed Work: Segretion wall in upstairs from Costs Phone: 9/0-370-5777 Building Contractor's Company Name Telephone O Coble Lake; Ist Lilling the MC 2754 Phone: 9/0-370-5777 Building Contractor's Company Name Telephone Christical Costs Email Address MA Signature of Owner/Contractor/Officer(s) of Corporation License # Electrical Contractor's Company Name Telephone Address Email Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License # Mechanical Contractor's Company Name Telephone Address Email Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor Information: Plumbing Cost \$ Description of Mork Installation of	Application for Building and Trades F	Permit	
Site Address: 100 CSG Laker Ert Lilling for MC 2754 Phone: 90-370-5577 Description of Proposed Work: Securation Wall in Upstairs 1000M General Contractor Information: Building Cost \$ 810 Christipher Eller Building Contractor Scompany Name License # Plephone Christicle Ocobbskis School Central Address Bescription of Work Service Size: Amps #T-Poles Electrical Contractor's Company Name Address Electrical Contractor/Officer(s) of Corporation Electrical Contractor's Company Name Address Email Address	Owner's Name: April + Chry toha File / Coble 5k; School Date: 1/8-18		
Description of Proposed Work: Secretion Hell in Apstairs (1997) General Contractor Information: Building Costs \$ 50 Unish phere Eller Building Contractor's Company Name Address Description of Work Electrical Contractor Information: Electrical Costs Electrical Contractor's Company Name Address Electrical Contractor/Officer(s) of Corporation Electrical Contractor's Company Name Electrical Contractor Information: Mechanical Costs Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Costs Description of Work Email Address	Site Address: 100 Cole Lakes Est, Lilling ton, NC 27546 Phone: 910-890-5777		
Building Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor's Company Name Electrical Contractor's Company Name Address Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor's Company Name Address Email Address	Description of Proposed Work: Segaration wall in apstairs room		
Signature of Owner/Contractor/Officer(s) of Corporation License # Units			
Address Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor's Company Name Electrical Contractor Information: Electrical Cost \$ Amps #T-Poles Electrical Contractor's Company Name Telephone Address Email Address			
Address Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor's Company Name Electrical Contractor Information: Electrical Cost \$ Amps #T-Poles Electrical Contractor's Company Name Telephone Address Email Address	Building Contractor's Company Name	Telephone	
Signature of Owner/Contractor/Officer(s) of Corporation License #	60 Cosle Lakes Este Lillington N 2546	chrisocher Dobbeskischoul.	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$ Description of Work Service Size: Amps #T-Poles Electrical Contractor's Company Name Electrical Contractor's Company Name Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost \$ Description of Work #Units Mechanical Contractor's Company Name Telephone Address Email Address Email Address Description of Work Installation of Description of Description of Work Installation	Address 1 0 0 5 M	Email Address	
Description of Work			
Electrical Contractor's Company Name Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost \$ Description of Work Mechanical Contractor's Company Name Telephone Address Email Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work Installation of ID Samuellas Health Strategy Plumbing Contractor's Company Name Address Email Address	Signature of Owner/Contractor/Officer(s) of Corporation	License #	
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Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Description of Work Mechanical Contractor's Company Name Mechanical Contractor's Company Name Telephone Address Email Address Email Address Email Address Description of Work Installation of 3D Sain Mass #Baths Plumbing Contractor's Company Name Address Email Address			
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost \$ Description of Work # Units Mechanical Contractor's Company Name Telephone Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work Installation of Societies # Baths Plumbing Contractor's Company Name Address Email Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License # Plumbing Contractor's Company Name Address Email Address Email Address	Electrical Contractor's Company Name	Telephone	
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Mechanical Contractor Information: Mechanical Cost \$	Address	Email Address	
Mechanical Contractor Information: Mechanical Cost \$			
Mechanical Contractor's Company Name Telephone	Signature of Owner/Contractor/Officer(s) of Corporation		
Mechanical Contractor's Company Name Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work Installation of 3D Spinkles #Baths Plumbing Contractor's Company Name Address Email Address Email Address Email Address Email Address License #			
Address Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work Installation of 3D Spin Was #Baths Plumbing Contractor's Company Name Address Email Address Email Address Email Address License #	Description of Work	# Units	
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Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$ Description of Work Installation of SD Sprinkles #Baths Ponichas Plansing Plumbing Contractor's Company Name Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License #	Address	Farail Address	
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Description of Work Installation of 3D Sprinkles #Baths Ponicking Plansing Plumbing Contractor's Company Name Telephone Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License #	Plumbing Contractor Information: Plumbing Cost \$		
Plumbing Contractor's Company Name Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License #	Description of Work Installation of 3D Saintles	#Baths	
Plumbing Contractor's Company Name Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License #		910-657-7957	
Signature of Owner/Contractor/Officer(s) of Corporation License #		Telephone	
Signature of Owner/Contractor/Officer(s) of Corporation License #		·	
	Address	Email Address	
	Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information			
Insulation Contractor's Company Name & Address Telephone	Inculation 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	
Benson NC Address	Front Address	
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.		
11.112	// -\$-/ <i>}</i> Date	
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 Woner 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: <i> </i>	