

*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 # BCOM1810.0005
utility bldg

Harnett County Central Permitting
PO Box 66 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit BCOM1810.0004

Owner's Name: CAROLINA WILDLIFE CONSERVATION PARK Date: 11/22/18
Site Address: 1096 PATTONSON RD, BROADWAY Phone: 540-313-5758
Directions to job site from Lillington: 421 WEST TURN RT ONTO PATTONSON
GO 1 mi PROPERTY ON RIGHT

Subdivision: _____ Lot: _____

Description of Proposed Work: UTILITY BUILDING

Heated SF _____ Unheated SF 100

General Contractor Information: Building Cost \$ 1200.00

80.00

CAROLINA WILDLIFE PARK

540-313-5758

Building Contractor's Company Name

Telephone

P.O. BOX 2554, LILLINGTON, NC 27546

CWC PARK 1 @ GMAIL . COM

Address

Email Address

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

License #

Electrical Contractor Information: Electrical Cost \$ 1000.00

80.00

Description of Work SERVICE PANEL Service Size: 200 Amps #T-Poles _____

PAMIC ELECTRIC SERVICE

910-237-1594

Electrical Contractor's Company Name

Telephone

1309 NORTH MAIN ST

Address

Email Address

LILLINGTON, NC 27546

4910

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 \$ 500.00

800.00

Description of Work WATER LINE ENTRANCE # Baths 0

CHRIS DALRYMPLE PLUMBING

919-770-1488

Plumbing Contractor's Company Name

Telephone

2291 FRANCIS LOUISE LN

Address

PLUMBINGCHRISD@GMAIL.COM

Email Address

SAUFORD, NC 28941

28941

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

License #

Insulation Contractor Information

N/A
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 _____

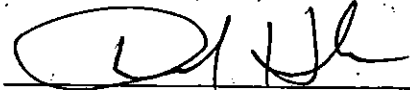
Signature of Officer(s) of Corporation _____

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 _____

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: CARDUNA WILDLIFE PARK

Sign w/Title:  MEMBER Date: 11/26/57