

*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 # Bcom 1812-0001
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

ECCM 1902-0002
PCOM 1902-0004

Application for Building and Trades Permit

Owner's Name: Carolina Wildlife Conservation Park Date: 2-5-19
Site Address: 1096 Patterson Rd Broadway Phone: 540-313-5758
Directions to job site from Lillington: 421 west turn Rt onto Patterson
60 lmi Property on Right

Subdivision: _____ Lot: _____

Description of Proposed Work: Bathroom building

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 22,920.00

Carolina Wildlife Park 540-313-5758
Building Contractor's Company Name Telephone
P.O. Box 2554 Lillington NC 27546 CWC.Park1@gmail.com
Address Email Address

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

Electrical Contractor Information: Electrical Cost \$ 1680.00
Description of Work new Electrical Service Size: 100 Amps #T-Poles _____

Patrick Electric Service 910-237-1594
Electrical Contractor's Company Name Telephone
1309 N Main St
Address

Lillington NC 27546 Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone _____

Address Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____
Plumbing Contractor Information: Plumbing Cost \$ 3400

Description of Work water line plumbing # Baths _____

Chris Dalrymple Plumbing 919-770-1488
Plumbing Contractor's Company Name Telephone

229 Francine Ln
Address

Sandford NC 28941 Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Insulation Contractor Information

NG Telephone _____
Insulation Contractor's Company Name & Address

***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: _____

Sign w/Title: _____ Date: _____