



\*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 # BCOM1907.0013

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2783 www.harnett.org/permits  
**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Concrete Pipe & Precast, LLC Date: 02/13/19  
Site Address: 452 Webb Road, Dunn, NC 28334 Phone: 800-999-2278

Description of Proposed Work: Add another concrete batching facility for an existing building

**General Contractor Information:** Building Cost \$ 40,000

Kevin McArtan Concrete Construction Company 919-202-7914  
Building Contractor's Company Name Telephone  
503 West Blanche Street, Selma, NC 27576 Kemoartanconcrete@gmail.com  
Address Email Address

Kevin McArtan  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 35,000

Description of Work Power Feed for Batch Equip. Service Size: 250 Ampe #T-Poles 0  
All-Star Electrical of Raleigh, Inc. 919-778-4743  
Electrical Contractor's Company Name Telephone  
PO Box 1175, Garner, NC 27529 allstarelec@gmail.com  
Address Email Address

Art W. Sheth  
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

**Plumbing Contractor Information:** Plumbing Cost \$ 4,600

Description of Work Add Water Line for New Mixer # Baths 0  
Creswell Plumbing 910-644-8505  
Plumbing Contractor's Company Name Telephone  
11770 NC Hwy South, Newton Grove, NC 28366 creswellplumbing@yahoo.com  
Address Email Address

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

**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**

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 \_\_\_\_\_

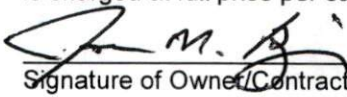
Signature of Officer(s) of Corporation \_\_\_\_\_

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 \_\_\_\_\_

2/14/19  
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:  \_\_\_\_\_

CHIEF OPER.  
OFFICER

Date: 2/14/19