

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

Telephone Number 910-893-7525 www.harnett.org

Application for Building and Trade Permit

Owner's Name: Holmes Electric Security

Date: 11/3/2020

Address: 127 Hay St. Fay NC 28301

Phone: 910-483-1196

Directions to job site from Lillington: To Ray Ave to Anderson Creek Club House to Gallery Drive Bldg 17

Subdivision: _____ Lot: _____

Construction Type: (Please Check)

Building Use: (Please Check)

New Moved House
 Renovation Addition Other

Residential Commercial
 Modular Multi-Family

Total Project Cost: 10,379.00 Description of Proposed Work: Fire Alarm Installation

General Contractor Information

Heated SF _____ Crawl Space ()
Unheated SF _____ Slab ()

Building Construction Cost \$ _____
Acres Disturbed _____ Stories _____

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information

Description of Work FA Installation Electrical Cost \$ 1000.00

TS Pole: Yes () No () Underground () Overhead ()

Permanent Service: Underground () Overhead () Service Size: _____ Amps

Holmes Electric 910-483-6922
Electrical Contractor's Company Name Telephone

127 Hay St., Fayetteville NC. 10174 SP-FA/2V
Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Signature of Officer(s) of Corporation

Insulation Permit Information Residential () Other () Not Required ()

Insulation Contractor's Company Name & Address _____ Telephone _____

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Holmes Security Systems
Fire Alarm Contractor's Company Name _____

910-483-1196
Telephone _____

127 Hay St. Fayetteville NC 28301
Address _____

GWenrich@HolmesElectricSecurity.com
Email Address _____

George Wenrich
Signature of Officer(s) of Corporation _____

10174 SP-FA/LV
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.

George Wenrich
Signature of Owner/Contractor/Officer(s) of Corporation _____

11/3/2020
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: Holmes Electric Security

Sign w/Title: George Wenrich Installation Mgr Date: 11/3/2020



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 that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 as per current fee schedule.

George W. Wainich
Signature of Owner/Contractor/Officer(s) of Corporation

11/3/2020
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: George Wainich Installation MGR Date: 11/3/2020

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: FAIRWAY POINTE LLC Phone: _____

Owner (s) Mailing Address: 125 WHISPERING PINES DR, SPRING LAKE NC 28390-0000

Land Owner Name (s): FAIRWAY POINTE LLC Phone: _____

Construction or Site Address: 288 GALLERY DRIVE SPRING LAKE 28390

PIN # 0515-08-6976 000 Parcel # 010535010097

Job Cost: 10,379.00 Description of Work to be done INSTALLATION OF FIRE ALARM SYSYEM

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other

* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

LILLINGTON TO HWY 27 SOUTH TO ANDERSON CREEK SOUTH TO NURSERY RD TO GATE AT ANDERSON CREEK AND THEN TO 288 GALLERY DRIVE BUILDING LOT 17

Subdivision: ANDERSON CREEK CLUB GALLERY DRIVE Lot #: 17

I GEORGE WENRICH will provide the FIRE ALARM INSTALLATION labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is SP-FA/LV 10174, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

HOLMES ELECTRIC SECURITY SYSTEMS

483-1196

Contractor's Company Name

Telephone

127 HAY STREEET, FAYETTEVILLE NC 28301

GWenrich@HolmesElectricSecurity.com

Address

Email Address

SP-FA/LV 10174

License #

Structure Owner / Contractor Signature: *George Wenrich* Date: 11-3-2020

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

***Company name, address, & phone must match information on license**