

\*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.harnett.org/permits  
**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: Anderson Creek Academy Date: 9-15-19  
Site Address: 4940 Ray Rd Spring Lake NC 28390 Phone: 910-814-9001  
Directions to job site from Lillington: Lft on Main, Rt on 27w, Lft on Nursery Rd, Lft on Ray Rd, destination approx 1.5 mi on LFT.

Subdivision: Near Anderson Creek Club Lot: \_\_\_\_\_

Description of Proposed Work: Remove decaying wall in Room 156

Heated SF Total 21,078 Unheated SF \_\_\_\_\_  
RM 976

Anderson Creek Dev  
Building Contractor's Company Name \_\_\_\_\_  
125 Whispering Pines Dr. Spring Lake NC 28390  
Address \_\_\_\_\_

General Contractor Information: Building Cost \$ 4527.00  
Telephone 919-454-4680

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_  
Email Address 66285

Electrical Contractor Information: Electrical Cost \$ 1200.00  
License # \_\_\_\_\_

Description of Work Wire/Trim out Service Size: 200 Amps #T-Poles 1  
Pioneer Electric, Inc. \_\_\_\_\_  
919-499-7767

Electrical Contractor's Company Name \_\_\_\_\_  
80 Neill Thomas Rd. Lillington NC 27546  
Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Email Address pioneerelectric@earthlink.net

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_  
License # 21643-0

Mechanical Contractor Information: Mechanical Cost \$ N/A  
# Units \_\_\_\_\_

Description of Work Rough in and trim out HVAC  
Total Systems Heating and Cooling, Inc. \_\_\_\_\_  
910-436-3450

Mechanical Contractor's Company Name \_\_\_\_\_  
13341 Hwy 210 South Spring Lake NC 28390  
Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Email Address 28846 N2/N3

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_  
License # \_\_\_\_\_

Plumbing Contractor Information: Plumbing Cost \$ N/A  
# Baths \_\_\_\_\_

Description of Work Rough In and trim out Plumbing  
Wagner Plumbing, Inc. \_\_\_\_\_  
910-890-2299

Plumbing Contractor's Company Name \_\_\_\_\_  
555 Tirzah Dr. Lillington NC  
Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Email Address wagnerplumbing@yahoo.com

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_  
License # 31576

Insulation Contractor Information  
Tri-City Insulation \_\_\_\_\_  
910-237-0910

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**

HOLMES ELECTRIC SECURITY \_\_\_\_\_ 910-483-6922 \_\_\_\_\_  
Fire Alarm Contractor's Company Name Telephone

127 HAY ST. FAYETTEVILLE NC 28301 Subcontractor Holmes Electric Security, Inc \_\_\_\_\_  
Address Email Address

[Signature] \_\_\_\_\_ 10174 SP-LV \_\_\_\_\_  
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] \_\_\_\_\_ 9-15-19 \_\_\_\_\_  
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: ANDERSON CREEK DEV. INC. \_\_\_\_\_

Sign w/Title: [Signature] PROJECT MGR. \_\_\_\_\_ Date: 9-15-19 \_\_\_\_\_