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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 # 1911-0002 - (1)

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: T+L Coats, LLC Date: 11-5-19  
Site Address: \_\_\_\_\_ Phone: (910) 890-3256  
Description of Proposed Work: Construction of self-storage facility

**General Contractor Information:** Building Cost \$ 250,000

Barefoot Building Company, LLC 910-890-3256  
Building Contractor's Company Name Telephone  
P.O. Box 1411, Coats, NC 27521 wrbarefoote@yahoo.com  
Address Email Address  
[Signature] 81627  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information:** Electrical Cost \$ 30,000

Description of Work installation of electrical system Service Size: \_\_\_\_\_ Amps #T-Poles 1  
Wester + Pace Electric, Inc. (919) 499-5389  
Electrical Contractor's Company Name Telephone  
614 Leslie Rd.  
Address

U. 12007 Willie White U. 12007  
Signature of Owner/Contractor/Officer(s) of Corporation Email Address

**Mechanical Contractor Information:** Mechanical Cost \$ 30,000

Description of Work installation of HVAC system # Units \_\_\_\_\_  
J+M Heathy + Air Condition Co. Inc. (910) 897-5501  
Mechanical Contractor's Company Name Telephone  
724 Tarleton Rd., Dunn, NC  
Address

Kent Johnson 28734  
Signature of Owner/Contractor/Officer(s) of Corporation Email Address

**Plumbing Contractor Information:** Plumbing Cost \$ N/A

Description of Work installation of plumbly system # Baths 2  
Fred Arthur Chris Lecuyer III 910.676.1925  
Plumbing Contractor's Company Name Telephone  
115 Keynum Drive, Coats, NC 27521 clacuyer@charter.net  
Address Email Address

Fred A. Chris Lecuyer III 30173  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Insulation Contractor Information**

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

11-5-19  
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: [Signature], Owner Date: 11/15/19