



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.

BCOM
Application # 1911-0004 - (3)

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 \$ 150,000

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

Electrical Contractor Information: Electrical Cost \$ 25,000

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
1614 Leslie Rd. _____
Address Email Address
U. 12007 Willie White U. 12007
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 25,000

Description of Work installation of HVAC system # Units _____
J+M Heating + Air Condition Co. Inc. (910) 897-5501
Mechanical Contractor's Company Name Telephone
724 Turinton Rd., Dunn, NC _____
Address Email Address
[Signature] 28734 L. 17164
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work installation of plumbly system # Baths 2
Fred Arthur Chris Kevoy III 910.676.1925
Plumbing Contractor's Company Name Telephone
115 Keynum Drive, Coats, NC 27521 ckevoy@charter.net
Address Email Address
[Signature] 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] _____ Date 11-5-19 _____
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.

Sign w/Title: [Signature] , Owner Date: 11/15/19