



\*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 # Jan 9 2020

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: Fort Wagg Date: 01-19-2020

Site Address: 169 Mt. Hope Haddock Rd. Lenoir 27326 Phone: \_\_\_\_\_

Description of Proposed Work: UPFIT

**General Contractor Information:** Building Cost \$ ~~22200~~ 916405.00

Platinum Praise Construction LLC 919 499 7375  
Building Contractor's Company Name Telephone

4427 Cox Hill Rd. Sanford N.C. 27337 Terry.Warwick@yahoo.com  
Address Email Address

Terry Warwick  
Signature of Owner/Contractor/Officer(s) of Corporation

**Electrical Contractor Information:** Electrical Cost \$ \$4600.00

Description of Work UPFIT Service Size: \_\_\_\_\_  
D2 Electric 910 723 3242  
Electrical Contractor's Company Name Telephone

100 Hidden Creek Lane Lillington N.C. 27546  
Address

Dawn Barrett  
Signature of Owner/Contractor/Officer(s) of Corporation

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ 7709.00

Description of Work UPFIT # Baths 3 BOG BATHING

TRINITY PLUMBING 910-666-8422  
Plumbing Contractor's Company Name Telephone 745-8376 (TW)

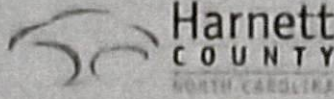
1989 WILMINGTON HWY FAYETTEVILLE  
Address 28306

Tony Fancher  
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 \_\_\_\_\_ 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: Terry W. [Signature] Date: 1-10-20