



\*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: Erwin United Methodist Church Date: \_\_\_\_\_

Site Address: 600 Denim Drive, Erwin, NC 28339 Phone: 910-897-8894

Description of Proposed Work: Install Hoistway and Lift

**General Contractor Information:** Building Cost \$ 23,000

James Robert Williams Telephone 910-990-5856

Building Contractor's Company Name 107 W. Clinton St Salisbury, NC Telephone 283855

Address James Robert Williams Email Address 29502

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

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

Description of Work Byrds Electrical Service Size: 110 Amps #T-Poles \_\_\_\_\_

Electrical Contractor's Company Name 28504 Telephone 919-894-3139

Address 143 Mingo Rd Benson, NC Email Address \_\_\_\_\_

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

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work NA # Units \_\_\_\_\_

J + M Heating + A/C Telephone 910-897-5501

Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address 724 Tullington Rd, Dunn, 28334 Email Address \_\_\_\_\_

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

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

Description of Work NA # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

Ponkes Brothers **Insulation Contractor Information** Telephone 910-990-5928

Insulation Contractor's Company Name & Address RD. 1045 Clinton, NC, 28329 Telephone \_\_\_\_\_

**\*NOTE: General Contractor must fill out and sign the second page of this application**

**Sprinkler Contractor Information**

N.A.  
 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.

James Robert Williams \_\_\_\_\_ 1-13-20 \_\_\_\_\_  
 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.

X  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: James Robert Williams Owner Date: 1-13-2020