

*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 # BCOM2004-0002

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: Brian L. Armstrong / C&S Properties	Date: 4/20/2020
Site Address: 155 Mittie Haddock Dr.	Phone: (910)864-3232
Description of Proposed Work: Remodel interior of commercial property	
General Contractor Information: Building Cost \$	production and the second second
Shane Casey (Business Owner)	(731)446-8088
Building Contractor's Company Name	Telephone
2601 Bristol Way, Sanford, NC 27330	thoscase@hotmail.com
Address She Cy	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation <u>Electrical Contractor Information:</u> Electrical Cost	
Description of Work moving/adding outlet & lights Service Size:	Amps #T-Poles s harmonia in the
Faction Electric / John Marlewski	(919)218-0951
Electrical Contractor's Company Name	Telephone
P.O. Box 2222, Sanford, NC 27331	or the state of th
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	3)\\67\U License#
Mechanical Contractor Information: Mechanical Co	# Units And the rest three to the presence of the state o
Mechanical Contractor's Company Name	Telephone Teleph
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License # , e o
Description of Work installing hot water heater / moving water lines	# Baths 1
Unknown at this time	919 770 0773
Plumbing Contractor's Company Name	Telephone
Mesongers / KumBing	WCO MER QWIND STREAM. NO
Address Mal	Email Address
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

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	Sprinkler Contractor I	nformation	1900
Sprinkler Contractor's C	ompany Name	Telephone	In 1
Address		Email Address	_
Signature of Officer(s) o	of Corporation Fire Alarm Contractor I	License #	687
232	-0.83(0)(g)	Na fancase la	
Fire Alarm Contractor's	Company Name	Telephone	anga
Address	E804-A17 (E7)	Email Address	ī ortav
Signature of Officer(s) of	of Corporation	License #	- 101
Driveway Acce	ess - NC Department of Transportation Dr	riveway Access/Permit? Yes No	
changes, I certify it is m	uilding and trade plans, Environmental ny responsibility to notify the Harnett (cur including listed contractors, site plan, I Health permit changes or proposed use	
Expired Permit Fees - is charged at full price p	6 months to 2 years permit re-issue for current fee schedule.	ee is \$150.00. After 2 years re-issue fee	
Expired Permit Fees - is charged at full price p Signature of Owner/Con	6 months to 2 years permit re-issue for current fee schedule. httractor/Officer(s) of Corporation	Date	Noton
Expired Permit Fees - is charged at full price p Signature of Owner/Con	6 months to 2 years permit re-issue for current fee schedule. All Markets attractor/Officer(s) of Corporation affidavit for Worker's Compens	Date	Water of the second sec
Expired Permit Fees - is charged at full price p Signature of Owner/Con	6 months to 2 years permit re-issue for current fee schedule. antractor/Officer(s) of Corporation affidavit for Worker's Compensant being the:	Date	Notes of the second sec
Expired Permit Fees - is charged at full price possible control in the second s	6 months to 2 years permit re-issue for current fee schedule. Intractor/Officer(s) of Corporation Officer(s) of Corporation Officer(s) Owner Officer(s) Officer(s) Officer(s) Officer(s) Officer(s) Owner	Date sation N.C.G.S. 87-14	ork
Expired Permit Fees - is charged at full price possible control in the undersigned application of the undersigned application of the undersigned application of the underset forth in the permit.	6 months to 2 years permit re-issue for current fee schedule. Intractor/Officer(s) of Corporation Iffidavit for Worker's Compensant being the: Owner Officer penalties of perjury that the person(s	Date Sation N.C.G.S. 87-14 Der/Agent of the Contractor or Owner	
Signature of Owner/Con A The undersigned application of General Contration of Owner Contration of C	6 months to 2 years permit re-issue fear current fee schedule. Intractor/Officer(s) of Corporation Intractor/Officer(s)	Date Sation N.C.G.S. 87-14 Der/Agent of the Contractor or Owner (a), firm(s) or corporation(s) performing the w	n.
Expired Permit Fees- is charged at full price p Signature of Owner/Con A The undersigned application General Contration Oo hereby confirm under set forth in the permit: Has three (3) or not hem. Has one (1) or mother.	6 months to 2 years permit re-issue fear current fee schedule. attractor/Officer(s) of Corporation affidavit for Worker's Compensant being the: actor Owner Officer penalties of perjury that the person(see the penalties of perjury that the person worker employees and has obtained worker subcontractors(s) and has obtained	Date	n.,o
Signature of Owner/Con A The undersigned application General Contration Do hereby confirm under set forth in the permit: Has three (3) or not them. Has one (1) or more covering themselves.	6 months to 2 years permit re-issue fear current fee schedule. attractor/Officer(s) of Corporation affidavit for Worker's Compensant being the: actor Owner Officer penalties of perjury that the person(see the penalties of perjury that the person worker employees and has obtained worker subcontractors(s) and has obtained	Date Date Sation N.C.G.S. 87-14 Der/Agent of the Contractor or Owner Deriver (a), firm(s) or corporation(s) performing the workers' compensation insurance to cover there de workers' compensation insurance to cover with policy of workers' compensation insurance to cover the cover the compensation insurance to cover the cover th	n.,o
Expired Permit Feesis charged at full price possible charged a	of months to 2 years permit re-issue for current fee schedule. Intractor/Officer(s) of Corporation Intractor/Officer(s)	Date Date Sation N.C.G.S. 87-14 Der/Agent of the Contractor or Owner Deriver (a), firm(s) or corporation(s) performing the workers' compensation insurance to cover there de workers' compensation insurance to cover with policy of workers' compensation insurance to cover the cover the compensation insurance to cover the cover th	n.

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Sprinkler Contractor Information	tion		
Sprinkler Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation Fire Alarm Contractor Information	License #		
Fire Alarm Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation	License #		
<u>Driveway Access</u> - NC Department of Transportation Driveway	Access/Permit? Yes No		
I hereby certify that I have the authority to make necessary applicat and that the construction will conform to the regulations in the B Mechanical codes, and the Harnett County Zoning Ordinance. I st contractors is correct as known to me and if any changes occur incl number of bedrooms, building and trade plans, Environmental Health changes, I certify it is my responsibility to notify the Harnett County any and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is sis charged at full price per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation	Building, Electrical, Plumbing and tate the information on the above luding listed contractors, site plan, in permit changes or proposed use Central Permitting Department of		
Affidavit for Worker's Compensation The undersigned applicant being the:	n N.C.G.S. 87-14 ent of the Contractor or Owner		
Do hereby confirm under penalties of perjury that the person(s), firm set forth in the permit:	(s) or corporation(s) performing the work		
Has three (3) or more employees and has obtained workers' of them. Has one (1) or more subcontractors(s) and has obtained workers' of them.			
Has one (1) or more subcontractors(s) who has their own policovering themselves.	cy of workers' compensation insurance		
Has no more than two (2) employees and no subcontractors.			
While working on the project for which this permit is sought it is under Department issuing the permit may require certificates of coverage of to issuance of the permit and at any time during the permitted work for carrying out the work.	of worker's compensation insurance prior		
Sign w/Title: She Cy	Date: 4 2 2		

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