

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 66 Littleton, NC 27546
910-233-7526 Fax 910-693-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: GS MATERIALS, INC. Date: 05/07/2020
Site Address: 603 CLAUDE WHITE ROAD, CAMERON, NC 28326 Phone: 9194999322
Description of Proposed Work: CONNECT ELECTRICAL TO PREFAB BUILDING AT PROCESSING PLANT

General Contractor Information: Building Cost \$ 0

N/A NO CONTRACTOR
Building Contractor's Company Name Telephone

Address [Signature] Email Address gsmaterials@windstream.net

Signature of Owner/Contractor/Officer(s) of Corporation License # 23-000

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work SERVICE & WIRE PLANT Service Size: 400 Amps #T-Poles 0/0

SES Lighting Design Telephone 336-516-0875

Electrical Contractor's Company Name

Address 1404 George Mason Rd - Graham NC 2753 Email Address 55elect11@bellsouth.net

Signature of Owner/Contractor/Officer(s) of Corporation License # 4120-06

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work: _____ # Units _____

N/A

Mechanical Contractor's Company Name Telephone

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

N/A

Plumbing Contractor's Company Name Telephone

Address Email Address

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

Insulation Contractor Information

N/A

Insulation Contractor's Company Name & Address 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 # _____

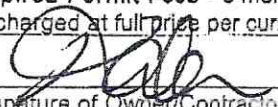
Fire Alarm Contractor Information

N/A
 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.

 _____ 05/08/2020
 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:  V.P. _____ Date: 05/08/2020