

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed occupactor. Address, company name & phone must match information on state license.

Application # _____

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fav 910-893-2793 www.harnett.org/pent-its
COLUMERCIAL

Application for Building and Tra	ades Permit
Owner's Name: GS MATERIALS, INC.	Date: 05/07/2020
Site Address: 695 CLAUDE WHITE ROAD, CAMERON, NC 28326	Phone: 9194999322
Description of Proposed Work: CONNECT ELECTRICAL TO PRE	FAB BUILDING AT PROCESSING PLANT
N/A NO CONTRACTEL Building Co	ost \$
Building Contractor's Company Name	Telephone
Address	Email Address
	gsmaterials@windsycam.
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Signature of Owner/Contractor/Officer(s) of Corporation <u>Electrical Contractor Information:</u> Electrical C Description of Work <u>Service & Dire pinnt</u> Service Size:	400 Amps #T-Poles 3
-··· 1	336-5/6-0875 Telephone
Electrical Contractor's Company Name	Telephone
1464 George Octor Rd-Graham NC-2725 Address.	3 55 elect 110 bell south in at
	Email Address
Melow Sugar	4120-CL License #
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanica	
Description of Work	# Units
N/A	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cos	License #
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	<u>no</u>
N/A	
nsulation 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	<u></u>
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	f 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