

*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: T-Mobile _____ Date: September 18, 2020

Site Address: 200 FARMVIEW RD

DUNN, NC 28334 Phone: _____

Directions to job site from Lillington: Take US-421 S and NC-27 E to Hodges Chapel Rd in Grove; Head north on S Main St toward E Harnett St; Turn right onto US-421 S; Turn left onto Leslie Campbell Ave; At the traffic circle, take the 2nd exit and stay on Leslie Campbell Ave; At the traffic circle, continue straight; Continue onto Leslie Campbell Ave; Merge onto NC-27 E; Continue on Hodges Chapel Rd. Drive to Farmview Rd in Averasboro

Subdivision: _____ Lot: _____

Description of Proposed Work: Installation of six (6) antennas, and two (2) equipment cabinets at existing cell site.

Heated SF 0 Unheated SF 0

General Contractor Information: Building Cost \$10,000

Ericsson (972) 583-0000
Building Contractor's Company Name Telephone
6300 Legacy Dr., Plano, TX 75024 Stephanie.Rowland@Ericsson.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____
License # 69756 Unlimited

Electrical Contractor Information: Electrical Cost \$ 15,000
Description of Work Install six (6) antennas; Two (2) cabinets Service Size: 200 Amps #T-Poles _____

Ericsson (972) 583-0000
Electrical Contractor's Company Name Telephone
6300 Legacy Dr., Plano, TX 75024 Stephanie.Rowland@Ericsson.com
Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation _____
License # 69756 Unlimited

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

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 _____

Plumbing Contractor's Company Name Telephone

Address 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**

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

September 18, 2020

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor ____ Owner X ____ 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:

X 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.

Company or Name: Paul Lauricella, on behalf of T-Mobile (owner)

Sign w/Title: _____ Site Acquisition Specialist Date: September 18, 2020

