

\*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 Rox 65 Lillington, NC 27546

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**

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Owner's Name: Professional Builders Supply, LLC	Date:
Site Address: 4367 Hwy 301 North Dunn, NC 28334	Phone:
Description of Proposed Work: Install partition walls in existing open office	ce area
General Contractor Information: Building Cost \$	
CONTRACTOR OF THE CONTRACTOR O	
Building Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information: Electrical Cost \$  Description of Work WIRE WORKSTATIONS Service Size: AOD	
NEN FIECTRIC INC	919 - 422 - 4827 Telephone
N É N ELECTRIC, INC. Electrical Contractor's Company Name	Telephone
6366 NCHWY 96N, SELMA, NC 27576	Office@naninelectric.com Email Address
Stol D Nann	13317 //
Signature of Owner/Contractor/Officer(s) of Corporation	13317 U. License #
Mechanical Contractor Information: Mechanical Cos	St \$
Description of Work None	# Units
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation  Plumbing Contractor Information: Plumbing Cost \$	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	
None needed	
Insulation Contractor's Company Name & Address	Telephone

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



Sprinkler Contractor I	Information
Vone needed	Telephone
Sprinkler Contractor's Company Name	rejephone
ddress	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor	License # Information
ire 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
contractors is correct as known to me and if <u>any</u> changes on the contractors is correct as known to me and if <u>any</u> changes on the changes of the contractors is contractors. It is my responsibility to notify the Harnetten	tal Health Dermit Changes of proposed use
any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue is charged at full price per current fee schedule.	fee is \$150.00. After 2 years re-issue fee
any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue	
any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue is charged at full price per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compe	fee is \$150.00. After 2 years re-issue fee  Date
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any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue is charged at full price per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compe  The undersigned applicant being the:	Date  Date  Insation N.C.G.S. 87-14  Officer/Agent of the Contractor or Owner
any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue is charged at full price per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compe  The undersigned applicant being the:  General Contractor  Owner  O be hereby confirm under penalties of perjury that the person set forth in the permit:	Date  Date  Mission N.C.G.S. 87-14  Ifficer/Agent of the Contractor or Owner  n(s), firm(s) or corporation(s) performing the work
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Expired Permit Fees - 6 months to 2 years permit re-issue is charged at full price per current fee schedule.  Signature of Owner/Contractor/Officer(s) of Corporation  Affidavit for Worker's Compe The undersigned applicant being the:  General Contractor  Owner  On hereby confirm under penalties of perjury that the person set forth in the permit:  Has three (3) or more employees and has obtained them.  Has one (1) or more subcontractors(s) and has obtained.  Has one (1) or more subcontractors(s) who has their covering themselves.	Date  Date  Date  Insation N.C.G.S. 87-14  Ifficer/Agent of the Contractor or Owner In(s), firm(s) or corporation(s) performing the work  workers' compensation insurance to cover them.  ined workers' compensation insurance to cover  r own policy of workers' compensation insurance  intractors.  It it is understood that the Central Permitting  overage of worker's compensation insurance prior

## Form W-9 (Rev. October 2018)

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

emai	nevertue Service	leave this line blank									
	1 Name (as shown on your income tax return). Name is required on this line; do not	ISAVC UIIO III O DIGITILI									
	Nan Electric, Inc.  2 Business name/disregarded entity name, if different from above										
	2 Business name/disregarded entity harne, if different new approximations and the contract of										
ge 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only following seven boxes.			of the 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						to ee	
pa		Partnership	Trust/estate			Instructions on page 3).					
ns on	single-member LLC	C Corporation				Exempt payee code (if any)					
tio	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶				Evom	otion fro	m FAT	CA rer	ortina		
Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is not disregarded from the owner for U.S. federal tax purposes.										
ific	is disregarded from the owner should check the appropriate box for the tax classification of its owner.				(Applies to accounts maintained outside the U.S.)						
bec	Other (see instructions) ►  5 Address (number, street, and apt. or suite no.) See instructions.  Requ			uester's name and address (optional)							
S											
See	6 City, state, and ZIP code										
	SelmA, NC 27576										
	7 List account number(s) here (optional)										
Pa	rt I Taxpayer Identification Number (TIN)										
	The the appropriate boy. The TIN provided must match the name	given on line 1 to av	Old	ocial se	curity	number	¬			$\overline{}$	
	your TIN in the appropriate box. The first provided in the pro		ora		-		-				
resid	ent alien, sole proprietor, or disregarded entry, see the instruction to have es, it is your employer identification number (EIN). If you do not have a nur	mber, see How to ge	eta L								
TINI	ater		-	Or Employer identification number							
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and		and [									
Num	the To Give the Requester for guidelines on whose number to enter.		5	6	- 1	6	72	5	01		
	O Marchine										
Pa	rt II Certification										
	er penalties of perjury, I certify that:	r (or I am waiting for	a number	to be is	ssued	to me);	and				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue 3. Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and											
2 1	am a U.S. citizen or other U.S. person (defined below); and										
	this form (if any) indicating that I am exempt	from FATCA reporting	ng is correc	ct.			14.4				
the less than you are currently subject to backup with less that you are currently subject to backup with localing books.											
Certification instructions. You must cross out item 2 above if you have been notified by item 12 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, you have failed to report all interest and dividends on your tax return. For real estate transactions, it is a failed to report all interest and dividends on your tax return. For real estate transactions, it is											
Sig	n Signature of		Date ▶								
	eneral Instructions	• Form 1099-DIV (c	dividends, i	ncludir	ng thos	se from	stock	s or n	nutua	ıl	
Section references are to the Internal Revenue Code unless otherwise noted.  Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)								oss	
		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)									
		• Form 1099-S (proceeds from real estate transactions)									
Dumana of Form		<ul> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>								ns)	
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer		Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)									
ide	estification number (TIN) which may be your social security number	• Form 1099-C (canceled debt)									
100	SN), individual taxpayer identification number (ITIN), adoption payer identification number (ATIN), or employer identification number (ATIN), or employer identification number (ATIN), and a supply of the payer identification number (ATIN), or employer identification number (ATIN), and a supply of the payer of the payer identification number (ATIN), and a supply of the payer identification number (ATIN).	Form 1099-A (acquisition or abandonment of secured property)						nt.			
(EI	N), to report on an information return the amount paid to you, or other appoint reportable on an information return. Examples of information	alien), to provide y	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.								
ret	turns include, but are not limited to, the following.  Form 1099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.								g,	