



*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: 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 area

General Contractor Information: Building Cost \$ 15,000.00

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work None # 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

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 Information

None needed
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.

Eugene P. Tomoyak II 12/1/2020
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: Eugene P. Tomoyak II / CFO PROFESSIONAL BUILDERS SUPPLY Date: 12/1/2020