

*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: Adusa Date: 11/16/2020
 Site Address: 2940 Arrowhead Rd., Dunn, NC 28334 Phone: 1-910-824-0773
 Description of Proposed Work: Bring in and set up modular office

General Contractor Information: Building Cost \$ Rental

RLT & Associates, Inc. 919-552-4489
 Building Contractor's Company Name Telephone
111 Tasha Ln., Fuquay Varina, NC 27526 ricky.rlt@earthlink.net
 Address Email Address
Ricky T. RLT Sec/Treasurer 58072
 Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$

Description of Work Connect modular office to serv Service Size: 200 Amps #T-Poles 0
GEC Electric, Inc. 1-919-894-4404
 Electrical Contractor's Company Name Telephone
PO Box 957, Benson, NC 27504 geelectricincbensonncc@gmail.com
 Address Email Address
George L 19589-L
 Signature of Owner/Contractor/Officer(s) of Corporation License #

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 Plumbing connections # Baths 2
RLT & Associates, Inc. 919-552-4489
 Plumbing Contractor's Company Name Telephone
111 Tasha Ln., Fuquay Varina, NC 27526 ricky.rlt@earthlink.net
 Address Email Address
Ricky T. RLT Sec/Treasurer 10261
 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.

Picky Temple Sec/Treasurer
Signature of Owner/Contractor/Officer(s) of Corporation

11-18-20
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: *Picky Temple Sec/Treasurer*

Date: 11-18-20