



\*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.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application #

Application for Building and Trades Permit

Owner's Name: Talprn, LLC Felicia Banks Date: 2/2/21

Site Address: 1546 NC Hwy 24/87 Cameron, NC 28326 Phone: 804-405-6866

Description of Proposed Work:

General Contractor Information: Building Cost \$ 174,910.00

M.L. Warwick, Inc. 678-882-6564

Building Contractor's Company Name Telephone

2300 Bethelview Rd Ste 110-342 Cumming, Ga 30040 jenniferdaniels@mlwarwick.com

Address Email Address

Jennifer Daniels 73389

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 Change out duct work # Units

J+S Heating and Air 919-375-4535

Mechanical Contractor's Company Name Telephone

700 Pomy Rd Suite C Zebulon NC dakota@jsheatair.com

Address 27597 Email Address

J.P. Owen 22675

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

Plumbing Contractor Information: Plumbing Cost \$ 20,000

Description of Work installing plumbing # Baths

X-stream plumbing inc 770-207-9671

Plumbing Contractor's Company Name Telephone

P.O. Box 451 Social circle, WA 30025 Xstreamplumbinginc@gmail.com

Address Email Address

L. 29756

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 \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_