



*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: Powermaster Electric Inc Date: 9/21/21

Site Address: 311 Jarco Dr (Lot 9), Fuquay Varina, NC 27526 Phone: 919-557-4477

Description of Proposed Work: _____

General Contractor Information: Building Cost \$ _____

Powermaster Electric Inc 919-557-4477

Building Contractor's Company Name Telephone

7621 Purfoy Rd Ste 101, Fuquay Varina, NC 27526 hfarthing@powermasterelectric.com

Address Email Address

Hal Buckner Farthing III Digitally signed by Hal Buckner Farthing III Date: 2021.09.20 13:35:19 -04'00' 80203

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

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Powermaster Electric Inc / Hal Buckner Farthing III 919-557-4477

Electrical Contractor's Company Name Telephone

7621 Purfoy Rd Ste 101, Fuquay Varina, NC 27526 hfarthing@powermasterelectric.com

Address Email Address

Hal Buckner Farthing III Digitally signed by Hal Buckner Farthing III Date: 2021.09.20 13:34:55 -04'00' U.13673

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work HVAC Installation # Units _____

G&M Service (Sampson Services, LLC) 919-977-7712

Mechanical Contractor's Company Name Telephone

179 Donmoor Ct, Garner, NC 27529 jay@gmservicehvac.com

Address Email Address

William Leon Sampson Digitally signed by William Leon Sampson Date: 2021.09.20 12:14:42 -04'00' 28557

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

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Scott Anthony Rio 919-398-8027

Plumbing Contractor's Company Name Telephone

611 N Church St, Four Oaks, NC 27524 scottsplumbing12@yahoo.com

Address Email Address

Scott Rio L.33885

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

Insulation Contractor Information

n/a Telephone _____

Insulation Contractor's Company Name & Address Telephone

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

<u>Sprinkler Contractor Information</u>	
<u>n/a</u> Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Fire Alarm Contractor Information</u>	
Powermaster Electric Inc	919-557-4477
Fire Alarm Contractor's Company Name	Telephone
7621 Purfoy Rd Ste 101, Fuquay Varina, NC 27526	hfarthing@powermasterelectric.i
Address	Email Address
Hal Buckner Farthing III <small>Digitally signed by Hal Buckner Farthing III Date: 2021.09.20 13:35:40 -04'00'</small>	U.13673
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 9/21/21

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
<input checked="" type="checkbox"/> General Contractor	<input type="checkbox"/> Owner
<input type="checkbox"/> 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:	
<input checked="" type="checkbox"/>	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
<input type="checkbox"/>	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: _____