

*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 #	
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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: Coats Chapel FreeWill Baptist Church of Coats Inc.	Date: 01-08-2021
Site Address: 300 East Dooley Street	Phone: 910-984-7575
Description of Proposed Work: Up grade electric service to building A, s	supply electrice service to building B
Description of Proposed Work: Option Section Building Cost \$ 6	5935.00
General Contractor Information: Building Cost \$ 5	910-892-2809
Moore's Storage Buildings	Telephone
Building Contractor's Company Name	n/a
7486 NC Hwy 421 Erwin, NC 28339	Email Address
Address	n/a
Signature of Owner/Contractor/Officer(s) of Corporation	License # 30256L
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost §	
Description of Work Upgrade elc ser & ser to stora Service Size:	Amps #T-Poles
Byrd's Electric & Repair Service, Inc.	919-894-3139
Electrical Contractor's Company Name	Telephone
143 Mingo Road, Benson, NC 27504	* · · · · · · · · · · · · · · · · · · ·
Address	Email Address
Johnny Blad	
Signature of Owner/Contragior/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Co	ost \$
Description of Work N/A	# Units
Boosilphon of them	775.5980 m. do. 36.542 J. House 1805.000
Mechanical Contractor's Company Name	Telephone
N/A	
Address	Email Address
7 lddi ood	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost \$	
Description of Work N/A	# Baths
N/A	
Plumbing Contractor's Company Name	Telephone
N/A	•
Address	Email Address
Addicas	2014 2000 2015 (2015) (
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Signature of Owner/Contractor/Onicer(s) of Corporation	
Insulation Contractor Information	<u>1</u>
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 Informatio	1
N/A	
Sprinkler Contractor's Company Name	Telephone
N/A	
Address	Email Address
Signature of Officer(s) of Corporation	License #
Fire Alarm Contractor Information	
N/A	
Fire Alarm Contractor's Company Name	Telephone
N/A	
Address	Email Address
Signature of Officer(s) of Corporation	License #
Poisson Asset NGP	The second secon
<u>Driveway Access</u> - NC Department of Transportation Driveway Ac	
I hereby certify that I have the authority to make necessary application and that the construction will conform to the regulations in the Build Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if <u>any</u> changes occur includi number of bedrooms, building and trade plans, Environmental Health pechanges, I certify it is my responsibility to notify the Harnett County Ce any and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150 is charged at full price per current fee schedule.	ling, Electrical, Plumbing and the information on the above and listed contractors, site plan, ermit changes or proposed use ntral Permitting Department of
Tara Column	01-08-2021
Signature of Owner/Contractor/Officer(s) of Corporation	01-08-2021 Date
Signature of Owner/Contractor/Officer(s) of Corporation	Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N The undersigned applicant being the:	Date
Affidavit for Worker's Compensation The undersigned applicant being the:	Date
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Owner Officer/Agent of Do hereby confirm under penalties of perjury that the person(s), firm(s) of the confirm under penalties of perjury that the person(s), firm(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of the confirm under pen	Date C.G.S. 87-14 of the Contractor or Owner
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer(s) of Corporation Officer's Compensation N The undersigned applicant being the: Owner Officer/Agent of Do hereby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit:	Date C.G.S. 87-14 of the Contractor or Owner or corporation(s) performing the work
Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Owner Officer/Agent of Do hereby confirm under penalties of perjury that the person(s), firm(s) of set forth in the permit: Has three (3) or more employees and has obtained workers' compensation N The undersigned applicant being the: Owner Officer/s Compensation N Officer/s Compensation N Officer/s Compensation N The undersigned applicant being the: Owner Officer/s Compensation N Officer/Agent of the undersigned applicant being the: Owner Officer/Agent of the undersigned applicant being	Date C.G.S. 87-14 of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them.
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Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent of the permit is sought it is understood to issuance of the permit applicant workers of coverage of work to issuance of the permit and at any time during the permitted work from	Date C.G.S. 87-14 of the Contractor or Owner or corporation(s) performing the work pensation insurance to cover them. compensation insurance to cover f workers' compensation insurance