



ATC 372926 - AT&T 12682186 - Collocation with Generator Add

*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: American Tower Corporation Date: 03-15-21
Site Address: 2315 Johnston County Road, Angier, NC 27501 Phone: 205-443-3428
Description of Proposed Work: AT&T Collocation with Generator add on existing cell tower site.

General Contractor Information: Building Cost \$ 17,500

Mastec Network Solutions 919-909-0092
Building Contractor's Company Name Telephone
507 Airport Blvd, Ste 111, Morrisville, NC 27560
Address
Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License #
Electrical Contractor Information: Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Mastec Network Solutions 919-909-0092
Electrical Contractor's Company Name Telephone
507 Airport Blvd, Ste 111, Morrisville, NC 27560
Address
Signature of Owner/Contractor/Officer(s) of Corporation [Signature] License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work NA # 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 NA # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

NA
Insulation Contractor's Company Name & Address Telephone

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

Sprinkler Contractor Information

NA

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 Bradley G Date 4/22/21

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: Brad Conn (Director / Qualifier) Date: 04/21/21