

# \*Change of Contractors\*

Application # \_\_\_\_\_

\*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 for Building and Trades Permit

Owner's Name: Seaview Crab Company / Nathan King Date: 8/19/21

Site Address: 77 Carletta Cagle Dr. Phone: 910-232-8191

Directions to job site from Lillington: Hwy. 24/87 in Spout Springs Area

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: 32x48 building for Seaview Crab Company

Heated SF 352 Unheated SF 1184

### **General Contractor Information:** Building Cost \$ 89,152.00

Nichols Buildings, Inc. 910-323-1944

Building Contractor's Company Name Telephone

1010 Cedar Creek Road Fayetteville NC 28312 nicbldgs@earthlink.net

Address Email Address

Wynnan A. Nicklow III 57077

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

### **Electrical Contractor Information:** Electrical Cost \$ 7,300.00

Description of Work New Service Service Size: 200 Amps #T-Poles 1

McCaskill Electrical 910-624-4806

Electrical Contractor's Company Name Telephone

3288 Glenmore Dr. Hope Mills NC 28348 jemccaskill@gmail.com

Address Email Address

John McCaskill Pres. 7927-1

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

### **Mechanical Contractor Information:** Mechanical Cost \$ 4,000.00

Description of Work Ductless Split System # Units 1

Advance Heat & Air 910-624-4806

Mechanical Contractor's Company Name Telephone

3288 Glenmore Dr. Hope Mills NC 28348 jemccaskill@gmail.com

Address Email Address

John McCaskill Pres. 18450

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

### **Plumbing Contractor Information:** Plumbing Cost \$ 7,800.00

Description of Work New Plumbing # Baths 1

Carolina Plumbing Solutions LLC. 910-703-5690

Plumbing Contractor's Company Name Telephone

1915 June Johnson Road Raeford NC 28376 \_\_\_\_\_

Address Email Address

Justin McBrer Pres. L35556

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

### **Insulation Contractor Information**

Nichols Buildings, Inc. 910-323-1944

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.

Wynnan A. Nichols III  
Signature of Owner/Contractor/Officer(s) of Corporation

8/19/21  
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.

Company or Name: Nichols Buildings, Inc. \_\_\_\_\_

Sign w/Title Wynnan A. Nichols III / VP \_\_\_\_\_ Date: 9/22/2023