

*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: Johnsonville ELEMENTARY Date: 6-30-21
 Site Address: 18495 NC-27 Cameron, NC 28326 Phone: 910-703-5275
 Description of Proposed Work: HUTS 087, 088, 089 and 090 relocated on site.

General Contractor Information: Building Cost \$ _____

Harnett County Schools
 Building Contractor's Company Name

910-703-5275
 Telephone

1500 S. Main St. Lillington, NC 27546
 Address

rpope@harnett.k12.nc.us
 Email Address

Rodney Pope
 Signature of Owner/Contractor/Officer(s) of Corporation

License # _____

Electrical Contractor Information: Electrical Cost \$ _____
 Description of Work wire huts & service pole Service Size: 600 Amps #T-Poles 1

700
 License #

William B Wester III
 Electrical Contractor's Company Name

910 890 3418
 Telephone

771 Page Rd Broadway NC 27505
 Address

Wwester@harnett.k12.nc.us
 Email Address

B Wester
 Signature of Owner/Contractor/Officer(s) of Corporation

L29742
 License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # 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 _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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**

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: _____

Signature of Owner/Contractor/Officer(s) of Corporation: *Johnny Lys*

Date: 6-30-21

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.

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.

Sprinkler Contractor Information

Sprinkler Contractor's Company Name: _____

Address: _____

Signature of Officer(s) of Corporation: _____

License #: _____

Telephone: _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name: _____

Address: _____

Signature of Officer(s) of Corporation: _____

License #: _____

Telephone: _____

Email Address: _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

License #: _____

Signature of Officer(s) of Corporation: _____

Address: _____

Fire Alarm Contractor's Company Name: _____

Telephone: _____

Email Address: _____