

*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

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|--|---------------------------------------|
| Owner's Name: Overhills ELEMENTARY | |
| Site Address: 2626 Ray Rd. Spring Lake, NC 28390 | Phone: <u>916-703-5275</u> |
| Description of Proposed Work: Huts 118,119,120, 121,122, 123,124,136 | and 131 will be relocated on site. |
| General Contractor Information: Building Cost \$ _ | |
| Harnett County Schools | 910-703-5275 |
| Building Contractor's Company Name | Telephone |
| 1500 S. Main St. Lillington, NC 27546 | Email Address |
| Address | Email Address |
| Signature Gawner Contractor/Officer(s) of Corporation | License # |
| Signature Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$ Description of Work Wirehald Founds Service Size: | 180 |
| Description of Work Wire hat's & Service Size: 600 | Amps #T-Poles2 |
| William BWBle Af | 910 890 3418 |
| Electrical Contractor's Company Name | Telephone weste-Charnett K/2. vc. us |
| 771 Page Rd Browning NC 27505 | Email Address |
| Address | <u> </u> |
| Signature of Owner/Contractor/Officer(s) of Corporation | License # |
| Mechanical Contractor Information: Mechanical Cos | |
| 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 | |
| | |
| Plumbing Contractor's Company Name | Telephone |
| | |
| Address | Email Address |
| | 11 |
| 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



| Sprinkler Contractor Informatio | <u>n</u> |
|--|---|
| Sprinkler Contractor's Company Name | Telephone |
| Address | Email Address |
| Signature of Officer(s) of Corporation License # Fire Alarm Contractor Information | |
| i no riami contractor in cinami | |
| 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?YesNo | |
| 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. | |
| | |
| K lank | 1-20-21 |
| Signature of Swney Contractor/Officer(s) of Corporation | 6-30-21 Date |
| Affidavit for Worker's Compensation N | Date |
| Affidavit for Worker's Compensation N The undersigned applicant being the: | Date |
| Affidavit for Worker's Compensation N The undersigned applicant being the: | Date I.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/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) | Date I.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 Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: | Date I.C.G.S. 87-14 of the Contractor or Owner or corporation(s) performing the work spensation insurance to cover them. |
| Affidavit for Worker's Compensation N The undersigned applicant being the: General Contractor Owner Officer/Agent Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' com Has one (1) or more subcontractors(s) and has obtained workers | Date I.C.G.S. 87-14 of the Contractor or Owner or corporation(s) performing the work appensation insurance to cover them. s' compensation insurance to cover |
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