

\*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: McLamb Enterprises	Date: 8-31-21
Site Address: 926 South 13th STreet	Phone:
Description of Proposed Work: Remove and replace existing antennas and cabinets	
General Contractor Information: Building Cost \$ 19,600	
Infinity Communications	864-915-1122
Building Contractor's Company Name	Telephone
110 Lith Way, Durham, NC 27703	tstewart@telecomsite.com
Address	Email Address
Land Chin	74619
Signature of wher/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost \$	1,000
	Amps #T-Poles
Infinity Communications	864-915-1122
Electrical Contractor's Company Name	Telephone
110 Lith Way, Durham, NC 27703	tstewart@telecomsite.com
Address	Email Address
( ) Lane	23121
Signature of wner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Cos	t \$
Description of Work	# Units
Mechanical Contractor's Company Name	Telephone
The state of the s	0 00000 · 1 000 1000
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost \$ _	
Description of Work	# Baths
Description of Work	
Plumbing Contractor's Company Name	Telephone
Training Contractor's Company Name	
Address	Email Address
Addiess	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
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Insulation Contractor Information	
Insulation Contractor's Company Name & Address	Telephone
insulation Solitiactor's Company Haine & Address	1 STOPTIONS

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



Sprinkler Contractor Information		
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 #	
<u>Driveway Access</u> - 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 <a href="mailto:any">any</a> 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 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.		
Sign w/Title: Xy Cruy	Date: 8.3.21	