

*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 I	
Owner's Name: Harnett County Schools / Overhills H	
Site Address: 2495 Ray Rd. Spring Lake, NC 2839	Phone: <u>916-763-527</u> 5
Description of Proposed Work: Build New Hut	
General Contractor Information: Building Cost \$ _	14,500
Harnett County Schools	910-893-4808
Building Contractor's Company Name	Telephone
Address	Email Address
Signature of @wngr/Contractor/Officer(s) of Corporation	License # L29742
Electrical Contractor Information: Electrical Cost \$	2500,00
Description of Work Wew Hat Service Size: 100	
Floatrical Contractor's Company Name	910 890 3418
Electrical Contractor's Company Name	Wwester@harnett, K/2, Nc. 45
Address	Email Address
J. Creon	L 29742
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Co	st\$ 5000.00
Description of Work Hang Bard unit on Hut	# Units
Jam Heating + AR	910 890 3418
Mechanical Contractor's Company Name	Wester @harret. K12, w. 45
Address Blackfr	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost \$	
Description of Work NE	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulation Inc.	910-772-9000
Insulation Contractor's Company Name & Address	Telephone

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



Sprinkler Contractor Information	
NONE	
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 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.	10.00. Alter 2 years re-issue ree
Signature of Owner/Contractor/Officer(s) of Corporation	9-27-21 Date
	Date
Affidavit for Worker's Compensation	Date
Affidavit for Worker's Compensation The undersigned applicant being the:	Date
Affidavit for Worker's Compensation The undersigned applicant being the:	N.C.G.S. 87-14 t of the Contractor or Owner
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer/Agen Do hereby confirm under penalties of perjury that the person(s), firm(s	Date N.C.G.S. 87-14 t of the Contractor or Owner) or corporation(s) performing the work
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Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer/Agen 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' compensation Has one (1) or more subcontractors(s) and has obtained workers	Date N.C.G.S. 87-14 t of the Contractor or Owner) or corporation(s) performing the work mpensation insurance to cover them. rs' compensation insurance to cover
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