

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Vivian & Duane Cogdell Date: 10/26/2022

Site Address: 1503 Bevin Drive Spwin NC Phone: 252-775-1340

Directions to job site from Lillington: (1) on Main St, (2) on E Cornelius Harnett Blvd, (3) on Masonic Rd, (4) Bevin Dr.

Subdivision: _____ Lot: _____

Description of Proposed Work: Remove half walls, install one wall, install new bathroom, reroute electrical

Heated SF 6500 Unheated SF _____

General Contractor Information: Building Cost \$ 15,000

Disaster Relief Pros
Building Contractor's Company Name

910-364-8776
Telephone

3523 Worley Street Fay NC 28311
Address

THE DISASTER RELIEF PROS@gmail.com
Email Address

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

License # _____

Electrical Contractor Information: Electrical Cost \$ 2500

Description of Work 10 receptacles, lights Service Size: _____ Amps #T-Poles _____

Action Electric + Home Repair
Electrical Contractor's Company Name

(910) 476-4586
Telephone

2009 Ramsey St Fay NC 28301
Address

actionone@aol.com
Email Address

Steven Bullock
Signature of Owner/Contractor/Officer(s) of Corporation

19277-L
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 \$ 4800

Description of Work Install toilet (new), fixtures, cap off old supply # Baths 1

Glynn Glovers Plumbing
Plumbing Contractor's Company Name

910-354-7506
Telephone

5720 McDougal Drive Fay NC 28304
Address

glynn.glovers.plumbing@gmail.com
Email Address

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

29184 P1
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 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 # _____

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.



10/26/2022

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.

Company or Name: Disaster Relief Pros

Sign w/Title:  / owner

Date: 10/26/2022