

\*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: Word Ague Ministries / Vivian Cosdell Date: 11/13/2023  
 Site Address: 1503 Denim Drive, ERWIN, NC Phone: 910 797-2340  
 Description of Proposed Work: \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 15,000

Word Ague Ministries  
 Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_

\* Description of Work: See Hologram Service Size: \_\_\_\_\_ Amps #T-Poles 300<sup>00</sup>  
Arthur Craig Williams  
 Electrical Contractor's Company Name \_\_\_\_\_ Telephone 910-627-2697

2944 Walker Rd Lenoir  
 Address \_\_\_\_\_ Email Address RUHTRA@CenturyLink-NEI

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # 22045/K

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work: Adds new bathroom fan vent # Units 80<sup>00</sup>  
Service Tech Systems Inc  
 Mechanical Contractor's Company Name \_\_\_\_\_ Telephone (910) 263-1406

1205 Exchange St Dunn, NC 28334  
 Address \_\_\_\_\_ Email Address McCallen22@gmail.com

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

\* Description of Work \_\_\_\_\_ # Baths 300<sup>00</sup>  
Anthony F. Knight  
 Plumbing Contractor's Company Name \_\_\_\_\_ Telephone 910-580-6706

409 SOUTH 15th ST ERWIN 28339  
 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



**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.

Signature of Owner/Contractor/Officer(s) of Corporation: Vivian Cogdell Date: 1/13/2022

**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: Vivian Cogdell / Owner Date: 1/13/2023