



*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: J & L Manufacturing Date: 12/16/21

Site Address: 252 Jarco Dr Fuquay NC 27521 Phone: 919 567 0706

Description of Proposed Work: Interior upfit to existing building

General Contractor Information: Building Cost \$ 108,000

RLC Construction Company, Inc. 910 230 1969

Building Contractor's Company Name Telephone

1701 Hobson Rd. Dunn NC 28334 rcruse@cruseassociates.com

Address Email Address

52721

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

Electrical Contractor Information: Electrical Cost \$ 21000

Description of Work Upfit wiring Service Size: 400 Amps #T-Poles 3

Engineered Control Solutions Inc 9195670706

Electrical Contractor's Company Name Telephone

230 Jarco Dr. Fuquay NC 27526 jim.thomas@ECScontrols.net

Address Email Address

U.19504

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

Mechanical Contractor Information: Mechanical Cost \$ 35000

Description of Work Split system heat pumps # Units 2

Engineered Control Solutions Inc 9195670706

Mechanical Contractor's Company Name Telephone

230 Jarco Dr. Fuquay NC 27526 jim.thomas@ECScontrols.net

Address Email Address

18347

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

Plumbing Contractor Information: Plumbing Cost \$ 12000

Description of Work Upfit plumbing # Baths 1

Celey's Quality Service LLC 9199381127

Plumbing Contractor's Company Name Telephone

636-6B Old Roberts Rd. Benson NC 27504 schedule@celeys.com

Address Email Address

32853

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

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: _____ Date: _____