

*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: (Site Address: 311 Jaco Dr Phone: Description of Proposed Work: 175 tall (1) General Contractor Information: Building Cost \$ _ 47, Building Contractor's Company Name Telephone Address Signature of Owner/Contractor/Officer(s) of Corporation License # **Electrical Contractor Information:** Electrical Cost \$ Description of Work ______ Service Size: ____ Amps #T-Poles ____ Electrical Contractor's Company Name Telephone Address **Email Address** Signature of Owner/Contractor/Officer(s) of Corporation 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 \$ Description of Work # Baths Plumbing Contractor's Company Name Telephone Address Email Address Signature of Owner/Contractor/Officer(s) of Corporation License # **Insulation Contractor Information** Insulation Contractor's Company Name & Address Telephone



| Sprinkler Contractor Information | |
|--|----------------------------|
| 4 | |
| 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 | Talanhana |
| The Alaim Contractor's Company Name | Telephone |
| Address | Email Address |
| | 2 |
| Signature of Officer(s) of Corporation | License # |
| Priveway Access - NC Department of Transportation Driveway Access/Permit? Yes No | |
| 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: By Mondsher | Date: 1/14/2_2 |