

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: Paul Barbour & Son Inc, Wilmington Date: 2/1/2022

Site Address: 11496 Hwy. 401 South, Fuquay Varina, NC 27526 Phone: 910-520-8205

Description of Proposed Work: New Office Building

General Contractor Information: Building Cost \$ 350,000

Owner / Builder 910-520-8205

Building Contractor's Company Name Telephone

PO Box 157, Castle Hayne, NC 28457 bpbarbour@gmail.com

Address Email Address

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

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work Building Electric Service Size: 400 Amps #T-Poles 0

Self PB+JW Inc 910-520-8205

Electrical Contractor's Company Name Telephone

Address bpbarbour@gmail.com

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

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

Mechanical Contractor Information: Mechanical Cost \$ 18,000

Description of Work Building HVAC # Units 2

Pleasant Air Inc. 910-270-3934

Mechanical Contractor's Company Name Telephone

151 Sloop Point Road, Hampstead, NC 28443 david@pleasantair.com

Address Email Address

23349

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

Plumbing Contractor Information: Plumbing Cost \$ 7,000

Description of Work two half baths, one full bath, kitchen # Baths 3

~~Gapps Construction & Plumbing Inc.~~ Self ~~919-867-0919~~ 910-520-8205

~~Plumbing Contractor's Company Name~~ PB+JW Inc Telephone

~~1202 G Main St, Fuquay Varina, NC 27526~~ bpbarbour@gmail.com

Address Email Address

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

Insulation Contractor Information

Paul Barbour & Son Inc. 919-552-0747

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

none
 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 *By [Signature] - President* Date 2-1-22

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 [Signature] - President* Date: 2/1/22