

Buildings



*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: Roy and Rhonda Harrington Date: _____

Site Address: 79 Cortez Morrison Road Phone: 919-775-9511

Description of Proposed Work: Build 3 shelters and 2 buildings for produce market

General Contractor Information: Building Cost \$ 70,000

Consolidated Property Services 919-422-8404

Building Contractor's Company Name Telephone

108 Professional Court Garner N.C. 27529 mark@perma-boot.com

Address Email Address

[Signature] 66583

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

Electrical Contractor Information: Electrical Cost \$ 10,000

Description of Work wire buildings Service Size: 200 Amps #T-Poles _____

Kenz-Pay Electric 919-398-8790

Electrical Contractor's Company Name Telephone

120 Covered CT Clayton N.C. 27527 cornellchristy@yahoo.com

Address Email Address

[Signature] 21995-L

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

Mechanical Contractor Information: Mechanical Cost \$ 8,500⁰⁰

Description of Work install bath fans and heat in 1 building # Units 1

Comfort Solutions 919-553-0266

Mechanical Contractor's Company Name Telephone

2850 HWY 42 West Clayton N.C. 27527 jsmith@comfortonline.com

Address Email Address

[Signature] 15822

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

Plumbing Contractor Information: Plumbing Cost \$ 12,000⁰⁰

Description of Work install Bathroom plumbing # Baths 4

J.C. Wilkins plumbing 919-639-6201

Plumbing Contractor's Company Name Telephone

840 Massingill Pond Road Willow Spring N.C. Joey@wilkinsplumbing.com

Address Email Address

[Signature] L.10421

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Fee: 6 months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is changed at full price per current fee schedule.~~

Signature of Owner/Contractor/Officer(s) of Corporation: *[Signature]* Date: 7/7/2022

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.

Signature w/Title: *[Signature]* Date: 7/12/22