*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Harnett Co Parks and Recreation	Date: _7/11/22
Site Address: 2815 Olivia Road Sanford, NC 27332	
Directions to job site from Lillington: Take Hwy 27 W to R on Barbe	cue Church Road
Take I an Olivia Boad Site on Loft at ald Bonhayon School	
Subdivision:	Lot:
Description of Proposed Work: Pre-Engineered Sail Shade	
Heated SF Unheated SF <u>General Contractor Information:</u> Building Cost \$	
General Contractor Information: Building Cost \$	34,722.25
Carolina Recreationand Design	704-664-1833
Building Contractor's Company Name	Telephone
344 Rolling Hill Road Suite 201	scott@carolina-recreation.com
Address	Email Address
	75066
Signature of Owner/Contractor/Officer(s) of Corporation	License #
<u>Electrical Contractor Information:</u> Electrical Cost Description of Work Service Size:	Amps #T-Poles
N/A	
Electrical Contractor's Company Name	Telephone
Electrical contractor of company Hamo	reliaphiene
Address	Email Address
, 1441-055	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Contractor Information:	Cost \$
Description of Work	# Units
NT/A	
Mechanical Contractor's Company Name	Telephone
	,
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost	t \$
Description of Work	# Baths
N/A	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
N/A	T
Insulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Information	
N/A	
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation Fire Alarm Contractor Inform	License #
N/A	
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?Yes X_ 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	
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensatio The undersigned applicant being the:	Date
Affidavit for Worker's Compensatio	Date n N.C.G.S. 87-14
Affidavit for Worker's Compensatio The undersigned applicant being the:	n N.C.G.S. 87-14 ent of the Contractor or Owner
Affidavit for Worker's Compensatio The undersigned applicant being the: General Contractor Owner Officer/Ag Do hereby confirm under penalties of perjury that the person(s), firm	n N.C.G.S. 87-14 ent of the Contractor or Owner n(s) or corporation(s) performing the work
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer/Ag Do hereby confirm under penalties of perjury that the person(s), firm set forth in the permit:	n N.C.G.S. 87-14 ent of the Contractor or Owner n(s) or corporation(s) performing the work compensation insurance to cover them.
Affidavit for Worker's Compensatio The undersigned applicant being the: General Contractor Owner Officer/Ag Do hereby confirm under penalties of perjury that the person(s), firm set forth in the permit: Has three (3) or more employees and has obtained workers' Has one (1) or more subcontractors(s) and has obtained workers	n N.C.G.S. 87-14 ent of the Contractor or Owner n(s) or corporation(s) performing the work compensation insurance to cover them. kers' compensation insurance to cover
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Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer/Ag Do hereby confirm under penalties of perjury that the person(s), firm set forth in the permit: Has three (3) or more employees and has obtained workers' X Has one (1) or more subcontractors(s) and has obtained work them. Has one (1) or more subcontractors(s) who has their own policovering themselves. Has no more than two (2) employees and no subcontractors. While working on the project for which this permit is sought it is under Department issuing the permit may require certificates of coverage to issuance of the permit and at any time during the permitted work.	ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them. kers' compensation insurance to cover icy of workers' compensation insurance erstood that the Central Permitting of worker's compensation insurance prior