

*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: Spring Hill UMC Date: 9/23/2022

Site Address: 1960 Spring Hill Church Rd Phone: _____

Directions to job site from Lillington: _____
HWY 27 west out of Lillington. Right onto Spring Hill Church Rd. Site on right.

Subdivision: _____ Lot: _____

Description of Proposed Work: Renovation and addition - 580 new square feet

Heated SF 4387 existing Unheated SF _____
580 new
4967 TOTAL **General Contractor Information:** Building Cost \$ 450,000.00

Brad D. Cummings Const. Co. Inc. 919-770-4693

Building Contractor's Company Name Telephone

132 Fuquay Rd Lillington, NC 27546 brad_cummings@yahoo.com

Address Email Address

68866

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

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work Renovation of electrical work. Service Size: existing _____ Amps #T-Poles no

Pioneer Electric, Inc. 919-499-7767

Electrical Contractor's Company Name Telephone

80 Neil Thomas Road, Lillington

Address Email Address

NEIL THOMAS 21643

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work Renovate HVAC # Units 1 new

Carolina Air, Inc 910-947-7707

Mechanical Contractor's Company Name Telephone

3700 US 15 501, Carthage

Address Email Address

GARY BULLARD 23549

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

Plumbing Contractor Information: Plumbing Cost \$ 10,000

Description of Work Plumbing Renovation - New Bath # Baths 3

Wagner Plumbing, Inc. 910-890-2299

Plumbing Contractor's Company Name Telephone

Address Email Address

SR WAGNER 31576

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

Insulation Contractor Information

Tri City Insulation, Inc. 910-486-8855

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

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

9/23/2023
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.

Company or Name: Brad D. Cummings Const. Co. Inc.

Sign w/Title:  PRESIDENT Date: 9/23/2022