

2.20.24

\*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: Word Alive Ministries / Divines Coydell Date: 1/13/2023  
Site Address: 1503 Denim Drive, Epimint, NC Phone: 910 797 2340  
Description of Proposed Work: \_\_\_\_\_

General Contractor Information: Building Cost \$ 15,000

Word Alive Ministries  
Building Contractor's Company Name Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

Electrical Contractor Information: Electrical Cost \$

\* Description of Work: See Hologram Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
Arthur Craig Zilliand  
Electrical Contractor's Company Name Telephone 910-627-2697  
204 Walker Road  
Address Email Address ROBERTA@centurylink-nc

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

Mechanical Contractor Information: Mechanical Cost \$

Description of Work: Adds new bathroom this vent # Units \_\_\_\_\_  
Service Tech Systems Inc  
Mechanical Contractor's Company Name Telephone (910) 263-1406  
170 Exchange St Dunn, NC 28334  
Address Email Address Michael@stsystems.com

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

Plumbing Contractor Information: Plumbing Cost \$

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
Genuine Plumbing Company, LLC  
Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
219 E Sanders St., Four Oaks, NC 27524  
Address Email Address Genuineplumbingco@gmail.com

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?  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.

Vivian Cogdell  
Signature of Owner/Contractor/Officer(s) of Corporation

1/13/2022  
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: Vivian Cogdell / Owner

Date: 1/13/2023