



\*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: Pleasant Memory Baptist Church Date: 10/13/2022

Site Address: 579 Old Stage Road, Coats NC 27521 Phone: 910-897-5028

Description of Proposed Work: \_\_\_\_\_

General Contractor Information: Building Cost \$ 4600.00 FLOORING - 3600.00  
PAINTING - 1000.00

Church Member/owner  
Building Contractor's Company Name Telephone (910) 263-5233

Address \_\_\_\_\_  
Email Address LD6SR1943@GMAIL.COM

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

Electrical Contractor Information: Electrical Cost \$ 2500.00 Light Fixture  
Emergency Exit Lights  
Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles Fire Exit lens

Church Member/owner  
Electrical Contractor's Company Name Telephone (910) 263-5233

Address \_\_\_\_\_  
Email Address LD6SR1943@GMAIL.COM

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

Mechanical Contractor Information: Mechanical Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

Mechanical Contractor's Company Name Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Email Address \_\_\_\_\_

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

Plumbing Contractor Information: Plumbing Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Email Address \_\_\_\_\_

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

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**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.

*C.T. [Signature]*  
Signature of Owner/Contractor/Officer(s) of Corporation

*5/29/23*  
*10/13/2022*  
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: \_\_\_\_\_ Date: \_\_\_\_\_

5/29/23

TO: DONNA JOHNSON  
PROJECT COORDINATOR  
CENTRAL PERMITTING DIVISION  
HARNETT COUNTY, N.C.  
FAX NO; 910-893-2793

FROM: PLEASANT MEMORY BAPTIST CHURCH  
LARRY D. GODWIN, DEACON

RE: BUILDING PERMITS

Thanks for your help in guiding us through the permitting process. The following pages contain the information needed to proceed. IF you ~~need~~ need any additional information, please let me know.

Thanks Again  
Ray D. Adams, Sr.  
Phone (910) 263-5233