

*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: T+L Coats, LLC Date: 1-11-2023

Site Address: 320 E. Stewart St., Coats, NC 27521 Phone: (910) 890-3256

Directions to job site from Lillington: take Hwy. 27 to Coats, cross Hwy. 55 towards Benson ... site will be on the right. Enter next to University Storage at 310 N. Orange St., Coats, NC

Subdivision: ~~UPFIT CONSTRUCTION FOR UNIT 320 E. STEWART ST.~~

Description of Proposed Work: upfit construction for unit 320 E. Stewart St.

Heated SF 1750 Unheated SF _____
General Contractor Information: Building Cost \$ 11,115

Barefoot Building Company, L.L.C. (910) 890-3256
Building Contractor's Company Name Telephone

P.O. Box 1411, Coats, NC 27521 wrbarefoot@yahoo.com
Address Email Address

[Signature] 81627
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 9,796
Description of Work installation of electrical system Service Size: 200 Amps #T-Poles _____

Reliant Electric and Power (919) 632-6963
Electrical Contractor's Company Name Telephone

222 Normandy Drive, Clayton, NC _____
Address Email Address

[Signature] 295884
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 12,632
Description of Work installation of HVAC system # Units 1

Fayetteville Heating and Air Contractors Inc. (910) 484-2273
Mechanical Contractor's Company Name Telephone

6458 Songi Ln., Fayetteville, NC _____
Address Email Address

[Signature] 18408
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 4,335
Description of Work installation of plumbing system # Baths _____

Paul Andrew Chris Leeper, III (919) 676-1925
Plumbing Contractor's Company Name Telephone

115 Keyman Drive, Coats, NC _____
Address Email Address

[Signature] 20
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

* Installed by erector _____
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.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

1-11-2023
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: Barefoot Building Company, LLC

Sign w/Title: *[Signature]*, Member/Manager Date: 1/11/2023