



\*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: Mian Zheng Date: 2-17-23

Site Address: 177 Mittie Haddock Dr Cameron NC 28326 Phone: 3476079192

Description of Proposed Work: upfit

**General Contractor Information:** Building Cost \$ \_\_\_\_\_

Building Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

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

License # \_\_\_\_\_

**Electrical Contractor Information:** Electrical Cost \$ 5,000

Description of Work Hood outlet Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Gerry Lee Electric  
Electrical Contractor's Company Name

910 624 3752  
Telephone

PO Box 84 Fayetteville NC 28302

Gerry Lee Electric & Aoh.com

Address \_\_\_\_\_

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

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

License # \_\_\_\_\_

**Mechanical Contractor Information:** Mechanical Cost \$ 10,000

Description of Work Hood # Units \_\_\_\_\_

Master Craft \_\_\_\_\_  
Mechanical Contractor's Company Name

910 818 7379  
Telephone

1539 Jim Johnson Rd Fayetteville

mastercraftnc@msar.com

Address \_\_\_\_\_

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

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

License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ 2,000

Description of Work Water Line / Gas Line # Baths \_\_\_\_\_

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

910 261 9742  
Telephone

808 mont clair Rd

\_\_\_\_\_

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**

**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 of Owner/Contractor/Officer(s) of Corporation

\_\_\_\_\_  
Date 2-21-23

**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: owner

\_\_\_\_\_  
Date: 2-17-23