

*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: Phalanx Fitness	Date: 8/31/2023
Site Address: 2659 NC 87 S	Phone: (919) 352-1dq08
Description of Proposed Work: New Construction - Metal 7	Building
General Contractor Information: Building Cost \$	150.000.00
Craia Taylor Construction Building Contractor's Company Name	(910) 703 - 15 (04) Telephone
179 Rosser Pittman Rd. Broadway NC 27505 Address	hrandy C Craigtaylor Email Address Construction Co. Con
Larry Craig Taylor	56579
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost 9	License #
Description of Work Install Flectric Per Plans Service Size:	Amps #T-Poles
Rowes Electric Corp Electrical Contractor's Company Name	(910) 835-4033 Telephone
1457 Hayes Rd., Spring Lake, NC 28390	Chris. rowcelect@yahoo.com Email Address
Charles	U07510
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Co	
Description of Work Install HVAC Per plans	# Units (919) 777 - 0668
SureTemp Hechanical Mechanical Contractor's Company Name	Telephone
3105 Hal Siler Dr., Sanford, NC 27332	Support @Suretemphyac. Det Email Address
Zast / Rug	19738
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License #
Description of Work Install Plumbing Per Plans	# Baths 4
Iveus Plumbing	(910)624-7368
Plumbing Contractor's Company Name	Telephone
1177 Watts Dairy Rd. St. Paul's, NC 28384	ipcinc08@aol.co
Address	Email Addres
Signature of Owner/Contractor/Officer(s) of Corporation	16423 License #
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information Craig Taylor Construction 179 Rosser Pittman I Insulation Contractor's Company Name & Address Broadway, No.	21. (910)703-1564
27505	

*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 #
<u>Driveway Access</u> - 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.	
Imm Cran Taylor	91123
Signature of Owner/Contractor/Officer(s) of Corporation	<u>a 1 23</u> Date
Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation	
Affidavit for Worker's Compensation The undersigned applicant being the:	Date N.C.G.S. 87-14 It of the Contractor or Owner
Affidavit for Worker's Compensation The undersigned applicant being the:	t of the Contractor or Owner
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer/Ager Do hereby confirm under penalties of perjury that the person(s), firm(s)	of the Contractor or Owner or corporation(s) performing the work
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer/Ager Do hereby confirm under penalties of perjury that the person(s), firm(s set forth in the permit:	of the Contractor or Owner or corporation(s) performing the work ompensation insurance to cover them.
Affidavit for Worker's Compensation The undersigned applicant being the: General Contractor Owner Officer/Ager Do hereby confirm under penalties of perjury that the person(s), firm(s set forth in the permit: Has three (3) or more employees and has obtained workers' confirm the permit of the	of the Contractor or Owner or corporation(s) performing the work ompensation insurance to cover them. rs' compensation insurance to cover
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