



*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: HARNETT AIR., LLC Date: 9-11-24
Site Address: 497 AIRPORT RD Phone: 910-485-5790
Description of Proposed Work: JETPORT HANGAR - METAL BUILDING

General Contractor Information: Building Cost \$ 190,000

HIGHLAND PAVING CO., LLC Telephone 910-485-5790
Building Contractor's Company Name

P.O. BOX 1843 FAYETTEVILLE NC 28302 ROSTENDORF@HIGHLANDPAVING.COM
Address Email Address

[Signature] License # 55505
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information: Electrical Cost \$ 35,000

Description of Work INSTALL LIGHTS, POWER Service Size: _____ Amps #T-Poles _____

WHITE + COMPANY INC Telephone 910-897-6525
Electrical Contractor's Company Name

671 MOUNT PLEASANT RD WILLOW SPRINGS NC 27592 WHITECOMPANYINC@EMBARQMAIL.COM
Address Email Address

[Signature] License # U.22907
Signature of Owner/Contractor/Officer(s) of Corporation

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 \$ 1000.00

Description of Work INSTALL EXTERIOR FAUCET # Baths 0

MLS PLUMBING CO. INC Telephone 910-484-1124
Plumbing Contractor's Company Name

P.O. BOX 547 STEDMAN NC 28391 MLSPLUMBING@HOTMAIL.COM
Address Email Address

[Signature] License # NC 28833PI
Signature of Owner/Contractor/Officer(s) of Corporation

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

N/A
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.

Joony Lee
Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 1-11-24

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 PROJECT MANAGER _____ Date: 1-11-24