

*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: Harnett Co Schools Date: 1/29/24

Site Address: 1915 Buffalo Lake Rd Sanford, NC 27332 Phone: 919-499-2200

Directions to job site from Lillington: _____
Hwy 27 S to Buffalo Lake Rd turn L with school on left

Subdivision: _____ Lot: _____

Description of Proposed Work: 36' x 20' 4 Post Hip Pre-Engineered Shade

Heated SF _____ Unheated SF 720

General Contractor Information: Building Cost \$ 20471.00

Carolina Recreation and Design 704-644-1833
Building Contractor's Company Name Telephone

344 Rolling Hill Rd Suite 201 Mooresville NC 28117 scott@carolina-recreation.com
Address Email Address

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

Electrical Contractor Information: Electrical Cost \$ _____
Description of Work N/A Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name Telephone

Address Email Address

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

Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work N/A # 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 N/A # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

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

Insulation Contractor Information

N/A _____
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

<u>N/A</u>	_____	_____
Sprinkler Contractor's Company Name		Telephone
_____	_____	_____
Address		Email Address
_____	_____	_____
Signature of Officer(s) of Corporation		License #

Fire Alarm Contractor Information

<u>N/A</u>	_____	_____
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.

<u>Scott Johnson</u>	_____	<u>1/30/24</u>
Signature of Owner/Contractor/Officer(s) of Corporation		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: <u>Scott Johnson</u>	_____
Sign w/Title: <u>SCOTT JOHNSON ESTIMATOR</u>	Date: <u>1/30/24</u>