

Each section below must be filled out by whoever is performing the work. Must be were or licensed contractor. Address, company name & phone must match aformation 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
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Application for Building and Trades	remit	
Owner's Name: ANAS SKATELL	Date: <u>8-10-2</u> #	
Site Address: 138 ERWIN CHAPEL Rd	Phone:	
Owner's Name: ANAS SPATELL Site Address: 138 ERWIN CHAPEL RO Description of Proposed Work: ANTIALL & NEW MOD.	HAR UNITS FOR CLASS &	Room
General Contractor Information: Building Cost \$		
Building Contractor's Company Name	710 624 3355 Telephone 624 9264	
Address 453 StewARD CKEEK RD	Dentlex have moverson 1 Email Address	Mai.
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost S	CALC FOR #	
Description of Work 2-1=> AM FEED'S to HUTSService Size: 2>>	Amps #T-Poles	
Electrical Contractor's Company Name	910 709 7896 Telephone	อ
Address NC	Brands lee-e fection & Co	5 -c
SRAMON 184	24333-I	
Signature of Owner/Contractor/Officer(s) of Corporation <u>Mechanical Contractor Information:</u> Mechanical Co	License #	
Description of Work	_# Units	
Mechanical Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License #	
Description of Work	# Baths	
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
nsulation Contractor's Company Name & Address	Telephone	

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



Sprinkler Contractor Informati	on		
Sprinkler Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation Fire Alarm Contractor Informat	License #		
Fire Alarm Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation <u>Driveway Access</u> - NC Department of Transportation Driveway A	License #		
I hereby certify that I have the authority to make necessary application and that the construction will conform to the regulations in the Bui Mechanical codes, and the Harnett County Zoning Ordinance. I state contractors is correct as known to me and if any changes occur include number of bedrooms, building and trade plans, Environmental Health put changes, I certify it is my responsibility to notify the Harnett County Coany and all changes. Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150 is charged at full price per current fee schedule. Signature of Owner/Contractor/Officer(s) of Corporation	ilding, Electrical, Plumbing and the the information on the above ding listed contractors, site plan, permit changes or proposed use entral Permitting Department of		
Affidavit for Worker's Compensation N	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 covering themselves.	of workers' compensation insurance		
Has no more than two (2) employees and no subcontractors.			
While working on the project for which this permit is sought it is understorn Department issuing the permit may require certificates of coverage of w to issuance of the permit and at any time during the permitted work from carrying out the work.	orker's compensation insurance prior		
Sign w/Title:	Daio. 0 / O I		