



\*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: HMS KIDS INC Date: \_\_\_\_\_

Site Address: 185 Mittie Haddock Dr. Phone: 910-893-2793

Description of Proposed Work: Taking tenant space back to 2 separate vanilla shells via building a demising wall

General Contractor Information: Building Cost \$ 80,000

Commercial Construction Contractors LLC 910-303-7683

Building Contractor's Company Name Telephone

2018 Fort Bragg Rd. Fayetteville, NC 28303 wes@cccbuildnc.com

Address Email Address

67091

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

Electrical Contractor Information: Electrical Cost \$ 67091

Description of Work Minor electrical work Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Rowe's Electric Corp 910-835-4024

Electrical Contractor's Company Name Telephone

1457 Hayes Road Spring Lake NC 28390 chris.roweelect@yahoo.com

Address Email Address

U.07510

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

Mechanical Contractor Information: Mechanical Cost \$ \_\_\_\_\_

Description of Work Minor mechanical work # Units \_\_\_\_\_

James Hayes Heating & AC INC 910-624-7155

Mechanical Contractor's Company Name Telephone

5349 S Forty Drive Hope Mills, NC 28348 jameshayesheatac@gmail.com

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ L.20051

Description of Work Minor plumbing work # Baths \_\_\_\_\_

Dell Haire Plumbing 910-429-9939

Plumbing Contractor's Company Name Telephone

PO Box 65048, Fayetteville, NC 28306 dellhaireplumbing.com

Address Email Address

L.32886

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 \_\_\_\_\_

**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: \_\_\_\_\_ Date: \_\_\_\_\_