



*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: ROCK OF SALVATION CHURCH Date: _____

Site Address: 36 LISING ROAD CANYON, NC 28326 Phone: 910-391-8083

Description of Proposed Work: NEW CONSTRUCTED CHURCH BLESSING

General Contractor Information: Building Cost \$

ALPHA BUILDERS and CONSULTANTS INC

Building Contractor's Company Name

273 GELLESPIE ST., FAYETTEVILLE, NC 28301

Address

910-584-9209

Telephone

demore3601@gmail.com

Email Address

82078

License #

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

Electrical Contractor Information: Electrical Cost \$

Description of Work INSTALL ELECTRIC Service Size: _____

ACTION ELECTRIC & HVAC REPAIR LLC

Electrical Contractor's Company Name

P.O. BOX 11497, FAYETTEVILLE, NC 28302

Address

910-476-6586

Telephone

actionone82@aol.com

Email Address

2-19277

License #

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

Mechanical Contractor Information: Mechanical Cost \$

Description of Work INSTALLATION OF HEATING and AIR # Units

Ray's HEATING AND AIR

Mechanical Contractor's Company Name

P.O. BOX 20042 FAYETTEVILLE, NC 28312

Address

910-723-6768

Telephone

rayshvac@gmail.com

Email Address

1-32712

License #

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

Plumbing Contractor Information: Plumbing Cost \$

Description of Work Plumbing install and step up bathrm/p# # Baths

1.0. Plumbing Service LLC

Plumbing Contractor's Company Name

1031 Kingsley Road, Fayetteville, NC 28314

Address

910-487-1803

Telephone

billings2@plumbingserv11c.com

Email Address

1-16908

License #

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

Insulation Contractor Information

Tri-City Insulation 3154 Camden Rd

Insulation Contractor's Company Name & Address

Fayetteville, NC

910-486-8855

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: 18 Nov 2025