

\*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: POCK OF SALVATION CHURCH Date: \_\_\_\_\_  
Site Address: 36 LING ROAD CAMERON, NC 28326 Phone: 910-391-8083  
Description of Proposed Work: NEW CONSTRUCTED CHURCH BUILDING

**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: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
ACTION ELECTRIC & HVAC REPAIR LLC  
Electrical Contractor's Company Name  
P.O. BOX 1497, FAYETTEVILLE, NC 28302  
Address

910-476-6586  
Telephone  
actionone8@aol.com  
Email Address  
L. 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  
rays hvac@gmail.com  
Email Address  
L. 32712  
License #

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

**Plumbing Contractor Information: Plumbing Cost \$** \_\_\_\_\_

Description of Work Plumbing install and setup up bathroom # Baths \_\_\_\_\_  
T.O. Plumbing Service LLC  
Plumbing Contractor's Company Name  
1031 Kingsley Road, Fayetteville, NC 28314  
Address

910-487-1803  
Telephone  
billings2toplumbingsew1@llc.com  
Email Address  
L-18908  
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:

*Dan E. [Signature]*

Date:

18 Nov 2025