

*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: 12 NOV 2024
Site Address: 36 Line Road Cameron NC 28326 Phone: 910 391-8083
Description of Proposed Work: _____

General Contractor Information: Building Cost \$ _____

Alpha Builders and Consultants Inc 910-584-9209
Building Contractor's Company Name Telephone
223 Gillespie Street Fayetteville NC 28301 demoore3601@gmail.com
Address Email Address
[Signature] 82078
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work Install of Electrical Service Size: _____ Amps #T-Poles _____
Action Electric & HVAC Repair LLC 910-476-6586
Electrical Contractor's Company Name Telephone
PO Box 1497 Fayetteville NC 28302 actiones@aol.com
Address Email Address
[Signature] L.19277
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work Install of Heating and Air # Units _____
Ray's Heating and Air 910-723-6768
Mechanical Contractor's Company Name Telephone
P.O. Box 20042 Fayetteville NC 28312 rrayshvac@gmail.com
Address Email Address
[Signature] L.32712
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work Plumbing Install and Stub-up baptismal pool # Baths _____
T.O. Plumbing Service 910-487-1803
Plumbing Contractor's Company Name Telephone
1031 Krugley Road Fayetteville NC 28314 telling@toplumbingservice.com
Address Email Address
[Signature] L.18908
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Tri City Insulation 3154 Camden Rd Fayetteville NC - 910-486-8855
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

12 Nov 2024

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:

[Signature] President

Date:

12 NOV 2024