



strong roots • new growth

CentralPermitting@Harnett.org
(910) 893-7525 ext:1
420 McKinney Pkwy (physical)
PO Box 65 (mailing)
Lillington, NC 27546

COMMERCIAL BUILDING APPLICATION

Site Address: 2291 NC 55E, Dunn, NC 28334 PIN: _____
Owner: Gospel Tabernacle Hispanic Phone: 252 347 3212 Email: PABLOAAVILA@Gmail.com
Description of Proposed Work: DRY STORAGE BUILDING Total Job Cost: \$ 28,000

GENERAL CONTRACTOR INFORMATION

* Must be owner or licensed contractor. Address, company name & phone must match information on license.

The Electric Company Phone: 984 301 3531
General Contractor's Company Name
909 S Main St. Fuquay Varina, 27526 Email: isaac@electriccomp.com
Address
104264 Signature of Owner/Contractor/Officer of Corp. Anwar Dubon Building Cost (excluding trades) \$ 17,000
License # U.34492

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Wiring new ^{sub} panel, light / outlets. Service Size: 125 Amps T-Poles: YES NO
THE ELECTRIC COMPANY Phone: 984 301 3531
909 S Main St. Fuquay Varina 27526 Email: isaac@electriccomp.com
Electrical Contractor's Company Name
909 S Main St. Fuquay Varina NC 27526 Electrical Cost \$ 4500
Address
License # U.34492 Signature of Owner/Contractor/Officer of Corp. Anwar Dubon

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: _____ # of Units: _____
Mechanical Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____ Signature of Owner/Contractor/Officer of Corp. _____ Mechanical Cost \$ _____

PLUMBING CONTRACTOR INFORMATION

Description of Work: _____ # of Baths: _____
Plumbing Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____ Signature of Owner/Contractor/Officer of Corp. _____ Plumbing Cost \$ _____

REFRIGERATION CONTRACTOR INFORMATION

Refrigeration Contractor's Company Name _____ Phone _____
Address _____ Email _____
License # _____ Signature of Owner/Contractor/Officer of Corp. _____

APPLICATION CONTINUES ON BACK

SPRINKLER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

Fire Alarm Contractor's Company Name

Phone

Address

Email

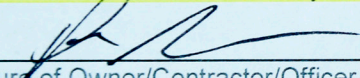
License #

Signature of Owner/Contractor/Officer of Corp.

Driveway Access - NC Department of Transportation Driveway Access/Permit? YES NO

I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** 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 all changes.

EXPIRED PERMIT FEES 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.



Signature of Owner/Contractor/Officer of Corp.

4/22/26

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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

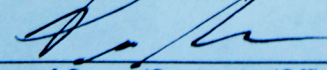
____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

____ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.



Signature of Owner/Contractor/Officer of Corp.

4/29/26

Date