

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Redeemed Apostolic Church - Christ Date: _____
Site Address: 1480 Purfoy RD Fryingpan NC Phone: 919-798-5150 / 919-4615
Directions to job site from Lillington: Turn Left onto 401 S/W Corner Hwy H Road
slight Right onto US 401 N Take Right onto Lafayette RD. Take Right onto
Cheltenham Springs RD. Turn Left onto Purfoy RD. Church will be on Right Side
Subdivision: _____ Lot: _____

Description of Proposed Work: _____

Heated SF _____

Unheated SF _____

General Contractor Information: Building Cost \$ 29,487.00

Steel Buildings & Structures, Inc.

Building Contractor's Company Name

877-272-8276

Telephone

800 Piedmont Triad W Dr, Mt Airy, NC 27030

Address

slscontractors@sbsinc.com

Email Address

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

77262

License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work _____

Service Size: _____

Amps #T-Poles _____

Electrical Contractor's Company Name

Telephone

Address

Email Address

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

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____

Units _____

Mechanical Contractor's Company Name

Telephone

Address

Email Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____

Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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

5/28/25

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.

Company or Name: Steel Buildings & Structures, Inc. / Myca MustinSign w/Title: Myca MustinDate: 5/28/25General Contractor