



strong roots • new growth

COMMERCIAL BUILDING APPLICATION

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

Site Address: 4318 Ray Rd PIN: 0505-72-5588

Owner: Louis Dmaid Horton Phone: 910-580-2716 Email: —

Description of Proposed Work: Change of use moving room Total Job Cost: \$ —

GENERAL CONTRACTOR INFORMATION

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

General Contractor's Company Name 10. H&A Phone —

Address — Email —

License # — Signature of Owner/Contractor/Officer of Corp. — Building Cost (excluding trades) \$ —

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: — Service Size: — Amps T-Poles: YES ☐ NO ☐

Electrical Contractor's Company Name — Phone —

Address — Email —

License # — Signature of Owner/Contractor/Officer of Corp. — Electrical Cost \$ —

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 10. H&A Phone —

Address — Email —

License # — Signature of Owner/Contractor/Officer of Corp. — Plumbing Cost \$ 350.00

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.

10. Hos

Signature of Owner/Contractor/Officer of Corp.

11-6-2025

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.

10. Hos

Signature of Owner/Contractor/Officer of Corp.

11-6-2025

Date