



*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: Flat Branch Presbyterian Church Date: 5/5/2026

Site Address: 103 Darroch Road, Bunnlevel, NC 28323 Phone: _____

Description of Proposed Work: Renovate vacant space for business use and create an additional bathroom

General Contractor Information: Building Cost \$ 50,000.00

Kenny Shaw - Shaw Construction 910-893-4322

Building Contractor's Company Name Telephone

1248 Bill Shaw Rd Imshaw11@aol.com

Address Email Address

Lea Shaw - Office Manager Imshaw11@aol.com

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

Electrical Contractor Information: Electrical Cost \$ 4548

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name _____ Telephone _____

TBD _____

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 _____

TBD _____

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 _____

TBD _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information

TBD _____

Insulation Contractor's Company Name & Address _____ Telephone _____

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

N/A
 Sprinkler Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____
 Signature of Officer(s) of Corporation _____ License # _____

Fire Alarm Contractor Information

N/A
 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.

Margaret B Collier Digitally signed by Margaret B Collier
Date: 2026.05.15 16:00:26 -04'00' _____ 5/5/2026
 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: Margaret Collier, Office Manager Date: 5/5/2026