

*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 27548
PO Box 66 Lillington, NC 27548
910-693-7626 ext. 1 Fax 910-693-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HARNETT AIR, LLC Date: _____
Site Address: 475 AIRPORT RD Phone: 910-485-5790
Directions to job site from Lillington: TURN RIGHT ONTO AIRPORT RD FROM US421
PROJECT IS APPROXIMATELY .7 MILES ON THE LEFT

Subdivision: _____ Lot: _____
Description of Proposed Work: 507PORT HANGAR - METAL BUILDING
Heated SF 10 Unheated SF _____
General Contractor Information: Building Cost \$ 210,000

HIGHLAND PAVING CO, LLC Telephone: 910-485-5790
Building Contractor's Company Name
P.O. Box 1845 FAYETTEVILLE Email Address: ROSTENDM@HIGHLANDPAVING.COM
Address
Signature of Owner/Contractor/Officer(s) of Corporation License #: 55505

Electrical Contractor Information: Electrical Cost \$ 35,000
Description of Work LIGHTING / RECEPTACLES Service Size: _____ Amps #T-Poles _____
L & M ELECTRIC INC Telephone: 919-772-3356
Electrical Contractor's Company Name
13679 CLEVELAND RD GARNER RD NC Email Address: _____
Address 27529 License #: 5830-4

Signature of Owner/Contractor/Officer(s) of Corporation
Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____
N/A
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 _____
N/A
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____
Insulation Contractor Information:
N/A
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

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.

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

2-20-26
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

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: _____

Sign w/Title: [Signature] Project Manager Date: 11-7-25