

COMMERCIAL BUILDING APPLICATION

Site Address: 1054 North Carolina 24 Cameron, NC **PIN:** 9584-69-4422.000
Owner: Christina Maedge- CAMERON **Phone:** (201) 424-0832 **Email:** cfdmanager1@gmail.com
Description of Proposed Work: Roof replacement, architectural shingles, with full re-deck **Total Job Cost:** \$37,325.00

GENERAL CONTRACTOR INFORMATION

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

NKS Contracting, LLC (919)701-6504
General Contractor's Company Name
390 Bumpas Creek Access, Dunn, NC 28334
Address 99934
License #
Signature of Owner/Contractor/Officer of Corp. *Nicholas Skatell*
Email info@nkscontracting.com
Building Cost (excluding trades) \$37325.00

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: N/A Service Size: _____ Amps T-Poles: YES ☐ NO ☐
Electrical Contractor's Company Name
Address
License #
Signature of Owner/Contractor/Officer of Corp.
Electrical Cost \$

MECHANICAL/HVAC CONTRACTOR INFORMATION

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

PLUMBING CONTRACTOR INFORMATION

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

APPLICATION CONTINUES ON BACK



REFRIGERATION CONTRACTOR INFORMATION

N/A

Refrigeration Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

SPRINKER CONTRACTOR INFORMATION

N/A

Sprinkler Contractor's Company Name

Phone

Address

Email

License #

Signature of Owner/Contractor/Officer of Corp.

FIRE ALARM CONTRACTOR INFORMATION

N/A

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.

DocuSigned by:

Nicholas Skatell

Signature of Owner/Contractor/Officer of Corp.

07/16/2026

Date

APPLICATION CONTINUES ON BACK

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.

DocuSigned by:

Nicholas Skatell

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Jul 16, 2026

Signature of Owner/Contractor/Officer of Corporation

Date