

COMMERCIAL BUILDING APPLICATION

Site Address: 4271 Neills Creek Rd Building G **PIN:** 0662-56-1185.000
Owner: IS Neills Creek LLC **Phone:** 919-369-9873 **Email:** mauton@issdinc.com
Description of Proposed Work: Add a 4,500 square foot building **Total Job Cost:** \$ 175,000.00

GENERAL CONTRACTOR INFORMATION

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

Imperial Self Storage Development Inc 919-369-9872
General Contractor's Company Name Phone
110 Wild Winds Dr Coats NC 27521 jauton@issdinc.com
Address Email
81848 \$ 175,000.00
License # Signature of Owner/Contractor/Officer of Corp. Building Cost (excluding trades)

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: N/A **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: N/A **# 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: N/A **# of Baths:** _____
Plumbing Contractor's Company Name Phone
Address Email
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

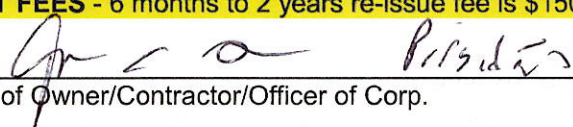
License #

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.


Signature of Owner/Contractor/Officer of Corp.

07/23/2021
Date

APPLICATION CONTINUES ON BACK

Affidavit for Worker's Compensation N.C.G.S. 87-14

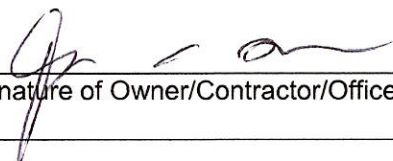
The undersigned applicant being the:

☒ 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.

 President
Signature of Owner/Contractor/Officer of Corporation

07/23/2026
Date