



*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~~ Residential

Application for Building and Trades Permit

Owner's Name: Sam T. Gregory Jr Date: 11-17-20

Site Address: 81 Nature Trail Road Dunn, NC Phone: _____

Description of Proposed Work: 10' x 16' wood protob storage bldg. built offsite

General Contractor Information: Building Cost \$ 6487

Liberty Storage Solutions LLC

336-751-0599

Building Contractor's Company Name

Telephone

1163 Industrial Blvd

Address

Email Address

Mocksville, NC

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

License #

Electrical Contractor Information: Electrical Cost \$ _____

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

Telephone

Address

Email Address

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Telephone

Address

Email Address

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Telephone

Address

Email Address

License #

Insulation Contractor Information

Telephone

Insulation Contractor's Company Name & Address

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

Sprinkler Contractor Information

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 fees schedule.

Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 11-17-20

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: _____ Date: _____