

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-4759

Application for Building and Trade Permit

Owner's Name: Boone Trail Emergency Services Date: 2-10-06
Address: Hwy 421 Lillington, NC Phone: 910-893-3750
Directions to job site: From Lillington travel 421 North 1/2 mile past Holly Springs Ch. Rd.
Jobsite on right in front of county water tower.

Subdivision: N/A Lot: N/A
Construction Type: (Please Check) Building Use: (Please Check)
 New Residential
 Renovation Modular
 Addition Commercial
 Moved House Multi-Family
 Other
Description of Proposed Work: Fire Department
Total Project Cost: \$ 320,000.00

Building Permit Information

Heated SF 3400 Crawl Space () Building Construction Cost \$ 35,000
Unheated SF Slab (✓) Acres Disturbed 1 Stories 1
MYRICK CONSTRUCTION, INC. 910-428-2106
Building Contractor's Company Name Telephone
PO Box 728 Biscoe, NC 27209 NC # 4937
Address License #
Signature of Officer(s) of Corporation

Electrical Permit Information

Description of Work _____ Electrical Cost \$ _____
TS Pole: Yes () No (✓) Underground () Overhead ()
Permanent Service: Underground (✓) Overhead () Service Size: _____ Amps
Electrical Contractor's Company Name Telephone
Address License #
Signature of Officer(s) of Corporation

Mechanical Permit Information

Description of Work _____
Number of Units _____ Type System _____ Mechanical Cost \$ _____
Mechanical Contractor's Company Name Telephone
Address License #
Signature of Officer(s) of Corporation

Plumbing Permit Information

Description of Work _____
Number of Baths _____ Plumbing Cost \$ _____
Plumbing Contractor's Company Name Telephone
Address License #
Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other (✓) Not Required ()
MYRICK CONSTRUCTION, INC. SAME AS BUILDING 910-428-2106
Insulation Contractor's Company Name Address Telephone

N/A

Sprinkler System Information

Sprinkler Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

N/A

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Telephone

Contact Person

Address

License #

Signature of Officer(s) of Corporation

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, 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 Division of any and all changes.

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

2-10-06
Date

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

The undersigned applicant for Building Permit # _____ being the:

- 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- Has/have not 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.

Firm Name: MYRICK CONSTRUCTION, INC.

By/Title: TRIPP MYRICK PROJECT MANAGER

Date: 2-10-06

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Certification of Work Performed **# 0650013897**
By Owner/Contractor

Owner (s) of Structure: BOONE TRAIL EMS

Owner (s) Telephone: _____

Owner (s) Mailing Address: _____

Construction or Site Address: 12041 US 421 N

Job Cost: \$10,000.⁰⁰

Description of Work to be done HVAC. 5 TONS SPLIT HP, 2 145000 ^{UNITS}

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping

Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington: 421 N

Subdivision: _____ Lot #: _____

I MICHAEL KILGARRIFF have provided or will provide the _____ labor
(Name)

on this structure. I am the owner or hold a NC state H-2 H-3 ^(Trade) license number
(Trade)

17170, which entitles me to perform such work on the above structure legally. All
work shall comply with the State Building Code and all other applicable State and Local laws,
ordinances and regulations.

Owner (s) signature: [Signature] Date: 4-19-06

Contractor's Name: AMERICAN A/C CO INC Date: 4-19-06

Address: PO BOX 5

County: FORSYTH.

Contractor's License: 17170

Contractor's Signature: [Signature]

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Certification of Work Performed
By Owner/Contractor

Owner (s) of Structure: Boone Trail Fire Department

Owner (s) Telephone: _____

Owner (s) Mailing Address: US Hwy 421 W

Construction or Site Address: _____

Job Cost: \$15,300

Description of Work to be done plumbing 1 Bath 1 W/H

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping

Electrical: 200 Amp <200 Amp Service Change Service Reconnect Other

Plumbing: Water/Sewer Tap Number of Baths 1 Water Heater 1

Specific Directions to Job from Lillington:

421 N approx 8 miles
Fire Dept on right first past
Medical Center on left at inter
section

Subdivision: _____ Lot #: _____

I Jeff Paquin have provided or will provide the Plumbing labor
(Name) (Trade)

on this structure. I am the owner or hold a NC state Plumbing license number
(Trade)

10467, which entitles me to perform such work on the above structure legally. All

work shall comply with the State Building Code and all other applicable State and Local laws,
ordinances and regulations.

Owner (s) signature: _____ Date: _____

Contractor's Name: Quality Assured Service Date: 4-3-06

Address: 183 Mt Carmel Rd Lexington NC 27295

County: Davidson

Contractor's License: #10467

Contractor's Signature: Jeff C. Paquin

General Contractors

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Owner (s) of Structure: BOONE TRAIL EMS

Owner (s) Telephone: _____

Owner (s) Mailing Address: 12140 Hwy 421 North

Construction or Site Address: 12140 Hwy 421 North

Job Cost: 14,587.00

Directions to Job:

421 going to Sanford Job on Right side
PAST FAIRCLOTHS GARAGE, IN FRONT OF WATER
TOWER

Subdivision: _____ Lot #: _____

I Phillip Faulk have provided or will provide the
(Name)
Electrical labor on this structure. I am the owner or hold a NC
(Trade)
state N.C. license number 11335-4, which entitles me
(Trade)
to perform such work on the above structure legally. All work shall comply with
the State Building Code and all other applicable State & local laws, ordinances
and regulations.

Owner (s) signature: Phillip Faulk Date: 4-18-06

Contractor's Name: P.R. Faulk Electrical Date: 4-18-06

Address: 3103 Hal Siler Dr

County: Lee

Contractor's License: 11335-4

Contractor's Signature: Phillip Faulk

Fee 168.00