

* Each section below to be filled out by
whomever performing work. Must be owner
or licensed contractor. Address, company
name & phone must match information on
license.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Telephone Number 910-893-7525 www.harnett.org
Application for Building and Trade Permit

Application # 08-5001 19437

Owner's Name: Linden Holiness Church Date: 3-7-08
Address: 2685 Wire Road Linden NC Phone: 910 892 0089
Directions to job site from Lillington: 401 to Bunnlevel right on McLean Chapel Road
left on Wire Road 1 1/2 mile on left Grace Christian Ministries
Subdivision: _____ Lot: _____

Construction Type: (Please Check) Building Use: (Please Check)
☒ New ☐ Moved House ☐ Residential ☒ Commercial
☒ Renovation ☐ Addition ☐ Other ☐ Modular ☐ Multi-Family
2 change rooms, Baptismal
Total Project Cost: 40,000 Description of Proposed Work: Class room

General Contractor Information
Heated SF 224 Crawl Space (☒) Building Construction Cost \$ 40,000
Unheated SF _____ Slab (☐) Acres Disturbed 1 Stories 1
Dim Builders 919 524-5852
Building Contractor's Company Name Telephone
6187 NC 27 East Coats NC 27521 50541
Address License #

Danny Pollard
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

Electrical Permit Information
Description of Work Rough & Finish Electrical Cost \$ 2500.00
TS Pole: Yes (☐) No (☒) Underground (☐) Overhead (☒)
Permanent Service: Underground (☐) Overhead (☐) Service Size: 200 Amps
Jonathan Cawley Electric Cont. 910 984 6051
Electrical Contractor's Company Name Telephone
191 Fred McLeod Lane Coats NC 27521 26739
Address License #

Jonathan Cawley
Signature of Officer(s) of Corporation

Mechanical Permit Information
Description of Work Complete HVAC Mechanical Cost \$ 6000.00
Number of Units _____ Type System LP Gas
J & M Htg & Air 910 897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Rd Dunn 28334 28334
Address License #

Pat Johnson
Signature of Officer(s) of Corporation

Plumbing Permit Information
Description of Work Complete Water Closet & Bathroom Plumbing Cost \$ 1800.00
Number of Baths 2
1st Choice Plumbing 910 897 4458
Plumbing Contractor's Company Name Telephone
1140 Turlington Road Dunn 28334 22705
Address License #

Long Union
Signature of Officer(s) of Corporation

Insulation Permit Information Residential (☒) Other (☐) Not Required (☐)
Mozingo Insulation Inc Selma NC 27576 919 284 6617
Insulation Contractor's Company Name & Address Telephone

Application # _____

N/A

Commercial Jobs must fill out this portion
Sprinkler System Information

_____ Sprinkler Contractor's Company Name	_____ Contact & Telephone
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Fire Alarm System Information

_____ Fire Alarm Contractor's Company Name	_____ Contact & Telephone
_____ Address	_____ License #
_____ Signature of Officer(s) of Corporation	

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

N/A

Homeowners Applying to Build Their Own Home

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed? ___ yes ___ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project? ___ yes ___ no
3. Do you intend to directly control & supervise construction activities? ___ yes ___ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done? ___ yes ___ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit? ___ yes ___ no

Sign & date

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 Department of any and all changes.

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

Date

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

The undersigned applicant for Building Permit # _____ 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/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: Bim Builders LLC

Sign/Title: Danny Pollard Owner

Date: 3-7-08