

*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.

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Adco, Inc. of Charlotte/Chapel Hill Community Trade Center Date: 10-25-12
Site Address: 8018 Elliott Bridge Rd. Spring Lake, NC 28390 Phone: 910-497-3138
Directions to job site from Lillington: Hwy. 401 S. TR onto Elliott Bridge Rd. Bldg on Left.

Subdivision: _____ Lot: _____
Description of Proposed Work: Repair + Rebuild from Fire Damage.

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 405,000
Professional Home Care Inc. Telephone 919-818-2582

Building Contractor's Company Name _____
Po Box 129 Lillington NC 27546 Address _____
John W. Smith Signature of Owner/Contractor/Officer(s) of Corporation _____
Email Address Josh@phcrestoration.com
License # 49762

Electrical Contractor Information: Electrical Cost \$ 39,000
Description of Work Rewire from fire. Service Size: 600 Amps #T-Poles 1
Youngs Electric, Inc. Telephone 919-639-2297

Electrical Contractor's Company Name _____
Po Box 398 Angier NC 27501 Address _____
Ted Youngs Signature of Owner/Contractor/Officer(s) of Corporation _____
Email Address Ted@youngselectric.com
License # 45044

Mechanical Contractor Information: Mechanical Cost \$ 26,000
Description of Work Redo HVAC from fire # Units 3
Youngs Electric, Inc. Telephone 919-639-2297

Mechanical Contractor's Company Name _____
Po Box 398 Angier NC 27501 Address _____
Ted Youngs Signature of Owner/Contractor/Officer(s) of Corporation _____
Email Address Ted@youngselectric.com
License # H1, H2, H3 - 4469

Plumbing Contractor Information: Plumbing Cost \$ 19983
Description of Work Replumb from fire # Baths 3
Youngs Electric, Inc. Telephone 919-639-2297

Plumbing Contractor's Company Name _____
Po Box 398 Angier NC 27501 Address _____
Ted Youngs Signature of Owner/Contractor/Officer(s) of Corporation _____
Email Address Ted@youngselectric.com
License # 4469

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

***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 _____

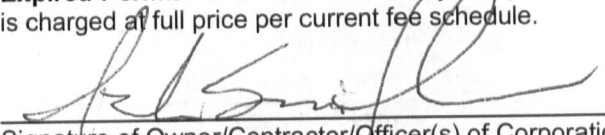
Signature of Officer(s) of Corporation _____

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 fee schedule.


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

Date 10-29-12

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.

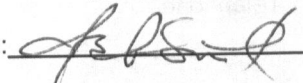
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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.

Company or Name: Professional Home Care, Inc.

Sign w/Title:  General Contractor Date: 10-29-12

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Owner's Name: _____ Date: _____

Site Address: _____ Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ _____

Building Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Electrical Contractor Information: Electrical Cost \$ _____

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

Electrical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____

Telephone _____

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