

*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.

4-8
Application # 135 00 31792
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: Benson Pentecostal Holiness Church Date: 11-26-13
Site Address: 8991 Hwy 27 E, Benson, NC 27004 Phone: 919-894-3492
Directions to job site from Lillington: Take Hwy 27 toward Benson, site is on left app. 3 mi. before getting to Benson - "Was Cety's Plumbing"

Subdivision: _____ Lot: _____

Description of Proposed Work: Renovation of Existing building to convert to church

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ \$190,000

Owner (Benjamin Lambert) Harnett Church
Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Electrical Contractor Information: Electrical Cost \$ 15000
Description of Work Install lighting & recept Service Size: 600 Amps #T-Poles 0

Shine Electrical Group
Electrical Contractor's Company Name _____ Telephone 919-578-1400

3303-2 Stonybrook Rd. Raleigh, NC James S. Lloyd j.lloyd@embargoemail.com
Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 22698/01-a

Mechanical Contractor Information: Mechanical Cost \$ 57000
Description of Work _____ # Units 57000

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ 5000
Description of Work Renovation of Existing bath - all 1-1/2" pipe # Baths 4

Darrell's Plumbing
Plumbing Contractor's Company Name _____ Telephone 910-985-2466

7128 NC 242 Hwy, Davy, NC 28334
Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 11088 P-Class 2

Insulation Contractor Information

Owner
Insulation Contractor's Company Name & Address _____ Telephone _____

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

13 500 317 92

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 _____

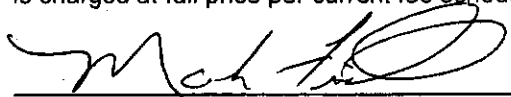
Signature of Officer(s) of Corporation _____

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 _____

12/16/13
Date _____

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.

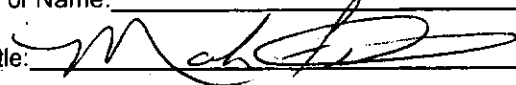
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: _____

Sign w/Title:  _____

Date: 12/16/13