

\*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: Boone Trail EMS Date: 12/17/15  
Site Address: 7016 US Hwy 421, Lillington, NC 27546 Phone: 910-893-3750

Directions to job site from Lillington: Head south on S Main Street from Lillington. Property is approximately 7 miles down the road on the right at the intersection of US Hwy 421 and Mamers Road (SR 1265).

Subdivision: 2015-283 Lot:

Description of Proposed Work: Addition to existing EMS building.

Heated SF 6,738 Unheated SF 0

**General Contractor Information:** Building Cost \$ 432792.00

Myrick Construction Telephone 910-220-1257

Building Contractor's Company Name dcaddell@myrickc.com

PO Box 728, Biscoe, NC 27209

Address Danell Caddell Email Address 4937

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

**Electrical Contractor Information:** Electrical Cost \$  Service Size:  Amps #T-Poles

Description of Work Hogue Electric Co Telephone 910-890-2556

Electrical Contractor's Company Name 2951 McDougal Rd Lillington

Address  Email Address 4424

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

**Mechanical Contractor Information:** Mechanical Cost \$  # Units

Description of Work HVAC Telephone 910-814-2555

Mechanical Contractor's Company Name Air Medics Heating & Cooling LLC

Address 7532 US 421 N. Lillington, NC. Email Address

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

**Plumbing Contractor Information:** Plumbing Cost \$  # Baths

Description of Work Plumbing Telephone 910-890-2299

Plumbing Contractor's Company Name Wagner Plumbing Inc

Address 555 TIAZAH DR, Lillington Email Address wagnerplumbingco

Signature of Owner/Contractor/Officer(s) of Corporation License # 31576

**Insulation Contractor Information**

B.G. 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.

Danell Caddell MYrick Const. Co Project Manager  
Signature of Owner/Contractor/Officer(s) of Corporation

2-09-16  
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: MYrick Construction Inc

Sign w/Title: Danell Caddell Project Manager Date: 2-09-16