

*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.

Application # 37708

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: Shirley B. Wheeler Date: _____
Site Address: 13044 NC 42, Holly Springs NC 27540 Phone: 919-552-5529
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 _____

Dawson's Electric, Inc. Telephone 919 201-3841
Electrical Contractor's Company Name

609 Cotton Rd. Fuquay-Varina NC 27526 Email Address _____
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 11

Blanchards Plumbing Telephone _____
Plumbing Contractor's Company Name

Larry Blanchard Email Address _____
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**

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.

Shirley B Wheeler
Signature of Owner/Contractor/Officer(s) of Corporation

1-14-16
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: Shirley B Wheeler
Sign w/Title: _____ Date: 1-14-16

HARNETT COUNTY CENTRAL PERMITTING
P.O. BOX 65
LILLINGTON, NC 27546
For Inspections Call: (910) 893-7525 Fax: (910) 893-2793
Bldg Insp scheduled before 2pm available next business day.

Application Number 15-50037708 Date 1/15/16
Property Address 13044 NC 42
PARCEL NUMBER 05-0646- - -0022- - -
Application type description CP COMMERCIAL ADD & ALTER
Subdivision Name
Property Zoning RES/AGRI DIST - RA-30

Owner Contractor

WHEELER SHIRLEY B OWNER
13066 NC 42
HOLLY SPRINGS NC 27540

Applicant

WHEELER SHIRLEY
13066 NC 42
HOLLY SPRINGS NC 27540
(919) 552-5529

--- Structure Information 000 000 EXISTING BLDG BECOMING A HAIR SALON
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE HAIR SALON
SEPTIC - EXISTING? EXIST

Permit COMMERCIAL ELECTRICAL PERMIT
Additional desc
Phone Access Code 1123587
Issue Date 1/14/16 Valuation 0
Expiration Date 1/13/17

Permit LAND USE PERMIT
Additional desc
Phone Access Code 1123439
Issue Date 1/14/16 Valuation 0
Expiration Date 7/12/16

Permit COMMERCIAL PLUMBING PERMIT
Additional desc
Phone Access Code 1123603
Issue Date 1/14/16 Valuation 0
Expiration Date 1/13/17

Special Notes and Comments
T/S: 12/14/2015 02:51 PM DJOHNSON --
13044 NC 42

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Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type COMMERCIAL ELECTRICAL PERMIT					
999	265	E265	C*ELEC FINAL	_____	__/__/__
999	257	E257	C*ELEC OVERHEAD	_____	__/__/__
999	263	E263	C*ELEC RECONNECT	_____	__/__/__
999	253	E253	C*ELEC TEMP POWER CERT	_____	__/__/__
999	261	E261	C*ELEC UND POOL	_____	__/__/__
999	259	E259	C*ELEC UNDER SLAB	_____	__/__/__
999	255	E255	C*ELECTRICAL UNDERGROUND	_____	__/__/__
999	251	E251	C*ELEC ROUGH IN	_____	__/__/__
999	267	E267	C*ELEC TEMP SERVICE POLE	_____	__/__/__
Permit type LAND USE PERMIT					
999	818	Z818	PZ*ZONING INSPECTION	_____	__/__/__
999	820	Z820	PZ*ZONING/FINAL INSPECTION	_____	__/__/__
Permit type COMMERCIAL PLUMBING PERMIT					
999	361	P361	C*PLUMB FINAL	_____	__/__/__
999	359	P359	C*PLUMB OVERHEAD	_____	__/__/__
999	355	P355	C*PLUMB SEWER CONNECTION	_____	__/__/__
999	353	P353	C*PLUMB WATER CONNECTION	_____	__/__/__
999	351	P351	C*PLUMB ROUGH IN	_____	__/__/__
999	357	P357	C*PLUMB UNDER SLAB	_____	__/__/__
999	363	P363	C*PLUMB GREASE TRAP	_____	__/__/__

