

*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 # 41112
Harnett County Central Permitting
PO Box 85 Lillington, NC 27548
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL



Application for Building and Trades Permit

Owner's Name: Solid Rock Jmc Date: 4/2/2017
Site Address: 2297 Hwy 24 west Cameron NC Phone: 919-498-1668
Directions to job site from Lillington: NC 27 East to Hwy 24 left approx 3 miles, side on left Blue Metal Bldg

Subdivision: Johnsville Township Lot: _____
Description of Proposed Work: Kitchen remodel - septic upgrade
Heated SF 5000 Unheated SF _____

General Contractor Information: Building Cost \$ _____

Solid Rock Jmc
Building Contractor's Company Name Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Electrical Contractor Information: Electrical Cost \$ 7800.00

Description of Work: _____ Service Size: _____ Amps #T-Poles _____
MR STONER ELECTRIC
Electrical Contractor's Company name Telephone 919-774-8877
3216 HAWKINS BLVD SANFORD NC 27330
Address Email Address _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Signature of Owner/Contractor/Officer(s) of Corporation License # _____
Description of Work _____ # Units _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____

Plumbing Contractor Information: Plumbing Cost \$ 10,000.00

Signature of Owner/Contractor/Officer(s) of Corporation License # _____
Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone 919-775-1019
Pipe Works
Address Email Address _____
104 McNeil Rd Sanford NC
Signature of Owner/Contractor/Officer(s) of Corporation License # 31056

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

n/a
Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

n/a
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

4/7/2017
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.

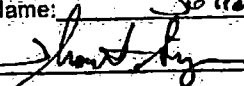
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Solid Rock JMC

Sign w/Title:  Pastor

Date: 4/7/2017