"Each section below must be filled out by whoever is performing the work. Must be owner or Foensed contactor. Audices, company name & phose must match information on state Koenes.

Application #
Harnett County Central Permitting
FO Box 95 Littington, NC 27648
910-893-7625 Fox 910-893-2783 wwy.hamot.org/pomits
COMMERCIAL
Application for English

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Owner's Name: Hameli County Schools	Date: 4/8/18
Sile Address; 2495 Ray Road, Spring Lake, NC 28380	Phone; 910-893-9151
Directions to job site from Lillington: Take NC 210 8 to Spring Lake, NC	, Tako Right on Creshilla Rd and 2nd Right
Subdivision: Overhille High School	
SAIDHMAIDH, A CHARLE LIBIT CANDE	Lot:
Description of Proposed Work: 2300 SF Dining Room Addition	
Heated SF 2900 Unheated SF 0	MAA AMIL
General Contractor Information: Building Cost	
Muter Construction	B19-404-6330
Building Contractor's Company Name	Telephone
100 Arendell Ave, Zebulon, NC 27697	bhreddy@mulerconstruction.com
Address 2	Email Address
THE POINTER	73095
Signature of Owner/Contractor/Oilcer(e) SPCorporation Ejectrical Contractor Information: Electrical Co	License #
Description of Work Electrical for Addition Service Size	a: See Dwgs Amps #T-Poles 0
CE Gandee	919-468-8501
Electrical Contractor's Company Name	Telaphona
400 Dominion Dr. , Sie 109, Mornisville, NC	eddie@gendes-elechheil.com
Address	Email Address
Eddi Tul	21727-U
Signature of Owner/Contractor/Officer(e) of Corporation Mechanical Contractor Information: Mechanical	License # Cost \$ 107,850
Description of Work HVAC for New Addition	# Unlig1
DAIL MECHANICAL	919-307-3100
Mechanical Contractor's Company Name	Telephone
3200-110 - Glen Royal Road, Raieigh, NC 27817	billdaile dailmechanical. Lan
Address	Email Address
Wor T. Dal VP	7422
Signature of Owner/Contractor/Officer(s) of Corporation	Licenso#
Plumbing Contractor Information: Plumbing Con	81\$ <u>40,000</u>
Description of Work Relocation Greece Traps and Roof Drainings	#Balhs ⁰
laba Piumbing and Machanical	P10-489-7421
lumbing Contractor's Company Name	Telephone
BT Winslow Street, Fayettoville, NC 29301	nco.galdmulqarladigiciah
the R. L. GM	Email Address 4230
ignature of Owner/CoAtractor/Officer(s) of Corporation	License #
Insulation Contractor Information South Atlantic Firepressing Enterprise	_
revietion Contractor's Company Name & Address	336-392-3736 Talanhona
THE PROPERTY OF THE PROPERTY O	

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

Application

Sprinkler Contractor Information		
Crawford Sprinkler Company	919-826-9346	
Sprinkler Contractor's Company Name	Telephone	
2725 S. Seunders Street, Releigh, NC 27603	brian@crawfordsprinkler.com	
Addross	Email Address	
Su Call	29772 FS-I	
Signature of Officer(s) of Corporation	License #	
Fire Alarm Contractor Informatic	on 919,359,2239	
Edwards Electronic Systems Fire Alarm Contractor's Company Name		
3821 Powhatan Rd, Clayton NC 27528	Telephone curtis@edwardselectronicsystems.c	
Address	Email Address	
7/00/002	SP.FA LV 12737	
Signature of Officer(s) of Corporation	License #	
digitable of difficulty of deliporation	Clodino ir	
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 cyrrent fee schedule.		
Shya Broddes	5/7/18	
Signature of Owner/Contractor/Officer(s) of Corporation	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: Bryan Braddy - Muter Construction		
Company or Name: Bryan Braddy - Muter Construction Sign w/Title: Sun Blada - FM	E-1-1,8	
Sign write: Sur Poladety Tru	Date: 5/7//0	