

43529

Application #

*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: Tim McNeill Date: _____
Site Address: 81 Hollies Pines Rd. Brandy, NC 27505 Phone: 919-258-3630
Directions to job site from Lillington: Take 421 North. Turn Right on Holly Springs Church Road. Turn Left on Hollies Pines Road and located on left past graveyard
Subdivision: _____ Lot: _____

Description of Proposed Work: _____
Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 2300⁰⁰

*see
email
7-25-18
11:35A*

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

Electrical Contractor Information: Electrical Cost \$ 200
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation Tim McNeill License # _____

Mechanical Contractor Information: Mechanical Cost \$ 100⁰⁰
Description of Work _____ # Units _____

*see
email
7-25-18
11:35A*

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

Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information
see attached
Insulation Contractor's Company Name & Address _____ Telephone _____

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

<u>Sprinkler Contractor Information</u>	
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Fire Alarm Contractor Information</u>	
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - 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.

Tim McNeill
Signature of Owner/Contractor/Officer(s) of Corporation

7-16-18
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
<input type="checkbox"/> General Contractor	<input checked="" type="checkbox"/> Owner
<input type="checkbox"/> 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:	
<input type="checkbox"/>	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
<input type="checkbox"/>	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: <u><i>Tim McNeill</i></u>	Date: <u>7-16-18</u>

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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 Tim McNeill License # _____

Electrical Contractor Information: Electrical Cost \$ 200
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Insulation Contractor Information 200⁰⁰
Insulation Contractor's Company Name & Address _____ Telephone _____

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