

*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 # 43695
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: GOSPEL TABERNACLE SPANISH CHURCH Date: 3-27-18
Site Address: 2291 HWY 55 EAST POIN Phone: _____
Directions to job site from Lillington: SEE ATTACHED DIRECTIONS

Subdivision: _____ Lot: _____
Description of Proposed Work: INSTALL USED NC. CERTIFIED Commercial Modular

Heated SF 5040 Unheated SF _____
General Contractor Information: Building Cost \$ 115,000.00

Modular2 Technologies Telephone 252-522-5770
Building Contractor's Company Name

PO Box 6026 Kinston NC 28501 Email Address PERMITS@MTI2.COM
Address

[Signature] License # 31101
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information: Electrical Cost \$ _____
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 _____ License # _____

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

N/A

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 _____

N/A

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Insulation Contractor Information
SELF CONTAINED

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

N/A

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.

* 

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

5/23/2018

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: Optical Technologies Inc

Sign w/Title: [Signature] Resident

Date: 3-27-18

De: pat jones pat@mti2.com
Asunto: Harnett County Project
Fecha: 21 de mayo de 2018, 14:21
Para: petmu71@gmail.com

PJ

Pedro,

I have attached the three documents you need. If you have any questions please call me.

Tony Andrews
Modular Technologies, Inc.
PO Box 6026
101 N. Herritage St., Suite J
Kinston, NC 28501
Phone: 252-522-5770
Fax: 252-522-9475

MTI
MODULAR TECHNOLOGIES, INC.

NATIONWIDE
1-800-832-4668

CUSTOM MODULAR BUILDINGS/MOBILE OFFICES
P.O. BOX 6026 • KINSTON, NC 28501

PHONE: (252) 522-5770
FAX: (252) 522-9475

March 30, 2018

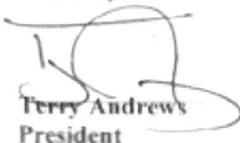
Harnett County
Central Permitting
PO Box 65
Lillington, NC 27546

To Whom It May Concern:

Please accept this letter as authorization for Pedro Mumoz to pick up permits on behalf of Modular Technologies, Inc. The job site address is 2105 West Cumberland in Dunn, NC. Project owner is the Gospel Tabernacle Hispanic Church.

Our NC General Contractor's license number is 31101.

Sincerely,

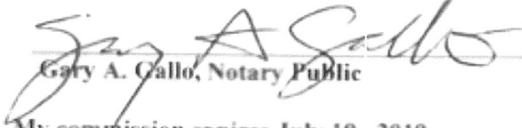

Terry Andrews
President

North Carolina
Lenoir County

I, Gary A. Gallo, a Notary Public for said County and State, do hereby certify that

the above signed personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 7th day of August, 2017.



Gary A. Gallo, Notary Public
My commission expires July 19, 2019.



IN GOD WE TRUST



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