

*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 # 18-500 44 23 5

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

ECOM1901-0003 910-893-7525 Fax 910-893-2793 www.harnett.org/permits PCOM 1901 - 0002

COMMERCIAL

IRES1901-0004

Application for Building and Trades Permit Date: 1-14-19 Christian Light Rd Site Address: Description of Proposed Work: Harv Salow General Contractor Information: Building Cost \$ \$6,500 Owner Building Contractor's Company Name Telephone **Email Address** Address License # 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 Email Address Address Signature of Owner/Contractor/Officer(s) of Corporation License # Mechanical Contractor Information: Mechanical Cost \$ Description of Work ___ Telephone Mechanical Contractor's Company Name **Email Address** Address License # Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$____ # Baths Description of Work ___ Telephone Plumbing Contractor's Company Name **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

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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 #			
<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.				
	1-14-19 Date			
Signature of Gwner/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	t 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.				
Sign w/Title: The Reyrow	Date: 1-14-19			

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