



*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 # 18-50044235

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

ECOM1901-0003
PCOM1901-0002
IRRES1901-0004

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Lyndsey Renfrow Date: 1-14-19
Site Address: Christian Light Rd Phone: 919-422-4266
Description of Proposed Work: Hair Salon

General Contractor Information: Building Cost \$ \$9,500⁰⁰

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

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 _____ # Units _____

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 _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email 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**

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 #

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.

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

1-14-19
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.

Sign w/Title: Andrew Reifman

Date: 1-14-19

UNITED STATES DEPARTMENT OF JUSTICE

Form 1041-1 (Rev. 1-25-70)

1. Name of the trust or estate: _____

2. Federal identification number: _____

3. Name of the recipient: _____

4. Address of the recipient: _____

5. Name of the payor: _____

6. Address of the payor: _____

7. Name of the trustee: _____

8. Address of the trustee: _____

9. The recipient is: Individual Trust or estate Other _____

10. The recipient is a: Beneficiary of the trust or estate Other _____

11. The recipient is a: Resident alien Nonresident alien Other _____

12. The recipient is a: U.S. citizen U.S. resident alien U.S. nonresident alien Other _____

13. The recipient is a: Beneficiary of the trust or estate Other _____

14. Name of the trust or estate: _____

15. The recipient is: Individual Trust or estate Other _____

16. The recipient is a: Beneficiary of the trust or estate Other _____

17. The recipient is a: Resident alien Nonresident alien Other _____

18. The recipient is a: U.S. citizen U.S. resident alien U.S. nonresident alien Other _____

19. The recipient is a: Beneficiary of the trust or estate Other _____

20. The recipient is a: Beneficiary of the trust or estate Other _____

21. The recipient is a: Beneficiary of the trust or estate Other _____

22. The recipient is a: Beneficiary of the trust or estate Other _____