

*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 # 10-900-25404

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

1-24-11

Application for Building and Trades Permit

Owner's Name: Potters Vessel Church Date: _____

Site Address: 215 Coates Rd Linden NC 28356 Phone: 910 497-4065

Directions to job site from Lillington: 401 South Right on Josey Williams Rd go to End Turn Left Coates Rd is on left Past Creek Bridge

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 35,000

Sandra R. Nowicki
Building Contractor's Company Name Telephone _____

Address _____ Email Address _____

Sandra R. Nowicki
Signature of Owner/Contractor/Officer(s) of Corporation License # Pastor

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**

JAN 21 ENTU

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.

Jonathan J. Nowicki
Signature of Owner/Contractor/Officer(s) of Corporation

Jan 24 2011
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: *SUNDRK. NOWICKI*

Sign w/Title: *Jonathan J. Nowicki, Pastor* Date: *1-24-11*

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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: PATTERS Vessel Church Phone: 910-497-4065

Owner (s) Mailing Address: 145 VOATTS Rd.
Linden, N.C. 28356

Land Owner Name (s): PATTERS Vessel Church Phone: 910-497-4065

Construction or Site Address: 215 COPIES Rd. Linden N.C.

PIN or Parcel # from GIS: 055-41-0624.000 / 12055 0136

* Job Cost: 4000.00 Description of Work to be done _____

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical*: 200 Amp 400A <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

* I DENLIN ELECTRIC Hinton Abraham Durante will provide the ELECTRIC labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18600 L, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: [Signature] Date: 7/16/2012

Company Name: DENLIN ELECTRIC Phone: 910 678 8090

Address: P.O. BOX 1763 County: Cumberland

Contractor's License #: 18600 L Email Address: Ladurable@intrstar.net

Contractor's Signature: [Signature] Date: 7/16/2012

*Company name, address, & phone must match information on license.

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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: PETERS Vessel Church Phone: 910-497-4065

Owner (s) Mailing Address: 145 Coates Rd.
Linden, N.C. 28356

Land Owner Name (s): PETERS Vessel Church Phone: 910-497-4065

Construction or Site Address: 215 Coates Rd. Linden N.C.

PIN or Parcel # from GIS: 055-41-6624.000 / 120550136

* Job Cost: 2000.00 Description of Work to be done _____

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

* I Charles Nowiski will provide the Plumbing labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 15378, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: Janice P. Warli Date: 7-3-12

Company Name: _____ Phone: 910-497-0944

Address: 109 Coates Rd Linden NC 28356 County: Harnett

Contractor's License #: 15378 Email Address: _____

Contractor's Signature: Charles Nowiski Date: 7-3-12

***Company name, address, & phone must match information on license.**

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**Certification of Work Performed By Owner/Contractor
(Individual Trade Application)**

Owner (s) of Structure: Pitts Vessel Church Phone: 910-497-4065

Owner (s) Mailing Address: 145 Copies Rd.
Linden N.C. 28356

Land Owner Name (s): Pitts Vessel Church Phone: 910-497-4065

Construction or Site Address: 215 Copies Rd. Linden N.C.

PIN or Parcel # from GIS: 055-41-6624.000 / 12055 0136

* Job Cost: 1500.00 Description of Work to be done _____

Mechanical: New Unit With Ductwork ___ New Unit Without Ductwork ___ Gas Piping ___

Electrical*: 200 Amp ___ <200 Amp ___ Service Change ___ Service Reconnect ___ Other ___
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap ___ Number of Baths ___ Water Heater ___

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

* I Alfred D. Kozik will provide the Mechanical labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 18636, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Structure owner(s) signature: Andrew P. Maul Date: 6-27-2012

Company Name: Al's Heating & Air Conditioning Phone: 910-850-5971

Address: 253-Currin St. Fayetteville N.C. 28311 County: Cumberland

Contractor's License #: 18636 Email Address: alkozik@gmail.com

Contractor's Signature: Alfred D Kozik Date: 6-27-12

***Company name, address, & phone must match information on license.**