

*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: Gourd Springs Baptist Church Date: 6.6.18

Site Address: 4575 Ray Rd, Spring Lake Phone: 436.0274

Directions to job site from Lillington: take 210 S to overhills rd, go South on overhills to Ray Rd & turn right. Job will be on the left

Subdivision: NA Lot: _____

Description of Proposed Work: New Pre-engineered bldg for multipurpose bldg
Heated SF 8900 s.f. Unheated SF 545 s.f.

General Contractor Information: Building Cost \$ 1,002,000 767,281.00

Construction Systems Inc
Building Contractor's Company Name

910.489.2000
Telephone

4205 Raxford Rd, Fayetteville NC
Address

robertd@csiol.com
Email Address

[Signature] - VICE PRESIDENT
Signature of Owner/Contractor/Officer(s) of Corporation

2564
License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work new service/new bldg 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 Complete HVAC system for new bldg # 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 Complete system for new bldg # 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.

[Signature] - VICE PRESIDENT 6/6/2018
Signature of Owner/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 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: Construction Systems, Inc

Sign w/Title: [Signature] - VICE PRESIDENT Date: 6.6.18

DO NOT REMOVE!**Details: Appointment of Lien Agent**

Entry #: 864931

Filed on: 06/06/2018

Initially filed by: Jaime

Designated Lien Agent

Fidelity National Title Company, LLC

Online: www.liensnc.comAddress: 19 W. Hargett St., Suite 507 / Raleigh, NC
27601

Phone: 888-690-7384

Fax: 913-489-5231

Email: support@liensnc.com**Project Property**Gourd Springs Baptist Church New Construction
4575 Ray Road
Spring Lake, NC 28390
Harnett County**Property Type**

Other

Print & Post**Contractors:**

Please post this notice on the Job Site.

Suppliers and Subcontractors:

Scan this image with your smart phone to view this filing. You can then file a Notice to Lien Agent for this project.

Owner InformationGourd Springs Baptist Church
4575 Ray Road
Spring Lake, NC 28390
United States
Email: pastorronnie@windstream.net
Phone: 910-436-0276**Date of First Furnishing**

06/25/2018

[View Comments \(0\)](#)

Technical Support Hotline: (888) 690-7384

Payment Receipt Confirmation

Your payment was successfully processed.

Transaction Summary

Description	Amount
Liens NC	\$50.00
Total Amount Paid	\$50.00

Customer Information

Customer Name Jaime Thompson
Local Reference ID 281909
Receipt Date 6/6/2018
Receipt Time 03:38:18 PM EDT

Payment Information

Payment Type Credit Card
Credit Card Type VISA
Credit Card Number *****4073
Order ID 28628146
Billing Name Jaime Thompson

Billing Information

Billing Address 6205 Raeford Road

Billing City, State Fayetteville, NC

ZIP/Postal Code 28304

Country US

Phone Number 9106892000

Fax Number 9106892008

This receipt has been emailed to the address below.

Email Address jthompson@csiol.com