

*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 # 42037

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: Victory Baptist Church Date: 11.9.11
Site Address: ED Phone: 910 306 2288
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____
Heated SF 3040 TOTAL Cooled SF _____

General Contractor Information: Building Cost \$ _____

S and S of Raleigh
Building Contractor's Company Name
3035 Melan Chapel Church Rd
Address
ES

Telephone _____
Email Address _____
License # 55247
Electrical Cost \$ 10,000 300⁰⁰
Service Size: _____ Amps #T-Poles _____

Signature of Owner/Contractor/Officer(s) of Corporation
Mech **Electrical Contractor Information:** Electrical Cost \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Nathan's Heating & A.C.
Electrical Contractor's Company Name
3163 Camden Rd, Fayetteville, N.C.
Address

Telephone _____
Email Address 910 482 0122
License # 13330
Mechanical Cost \$ 300.00 10,000.00

Signature of Owner/Contractor/Officer(s) of Corporation
ELEC. **Mechanical Contractor Information:** Mechanical Cost \$ _____
Description of Work ELEC. # Units _____

BOWEN'S ELECTRIC
Mechanical Contractor's Company Name
186 DOWNS SPRING LAKE, N.C. 28530
Address

Telephone 910 893 8515
Email Address _____
License # 7510
Plumbing Cost \$ 2000.00

Signature of Owner/Contractor/Officer(s) of Corporation
Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____

JAMES DWAYAN PRICE
Plumbing Contractor's Company Name
1885 OVEN HILLS RD, ZENON 28356
Address

Telephone _____
Email Address 910 893 3058
License # 17547

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

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

11-9-17
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: J and T of Raleigh

Sign w/Title: owner Date: 11-19-17