

\*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 # 43058  
Harris County Central Permitting  
PO Box 85 Lillington, NC 27548  
910-893-7825 Fax 910-893-2789 www.harris.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_  
**General Contractor Information:** Building Cost \$ 65,000.00  
Concrete Supply Telephone 704-309-4347  
Building Contractor's Company Name

PO Box 890568 Charlotte, N.C.  
Address  
Alan S. R. L. V.P.  
Signature of Owner/Contractor/Officer(s) of Corporation

Email Address  
alan.srbuck@concretesupplyco.com  
License # \_\_\_\_\_

**Electrical Contractor Information:** Electrical Cost \$ 15,000.00  
Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
Concrete Supply Co. Power Master Electricians Telephone 919-552-7477  
Electrical Contractor's Company Name

121 Parkway Blvd. Swindler, Virginia, N.C.  
Address  
Alan S. R. L. V.P.  
Signature of Owner/Contractor/Officer(s) of Corporation

Email Address  
alan.srbuck@concretesupplyco.com  
License # 136734

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ # Units \_\_\_\_\_  
Concrete Supply Co. Telephone \_\_\_\_\_  
Mechanical Contractor's Company Name

Address \_\_\_\_\_ Email Address \_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_  
**Plumbing Contractor Information:** Plumbing Cost \$ 1,000.00

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
James Bobby Curran + Sons, Inc. Telephone 919-552-6609  
Plumbing Contractor's Company Name

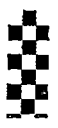
Concrete Supply Co. PO Box 1166 alan.srbuck@concretesupplyco.com  
Address Pharmacy - Virginia, N.C. Email Address  
Alan S. R. L. V.P. License # 42746  
Signature of Owner/Contractor/Officer(s) of Corporation

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

\*NOTE: General Contractor must fill out and sign the second page of this application

*water  
will  
seep*



**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

6/11/2018  
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: James Bobby Curran & Sons, Inc.

Sign w/Title: [Signature] PRESIDENT Date: 6/11/2018

# License Details

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<b>License Number</b>	42746
<b>Status</b>	Valid
<b>Renewal Date</b>	2018-02-19
<b>Name</b>	Currin & Sons, Inc., James Bobby
<b>Address</b>	P.O. Box 1166 Fuquay Varina, NC 27526-1166
<b>County</b>	Wake
<b>Telephone</b>	(919) 552-6609
<b>Limitation</b>	Unlimited
<b>Classifications</b>	H(Grading & Excavating) PU(Water Lines & Sewer Lines)
<b>Qualifiers</b>	Ball, Nicole Currin



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Post Office Box 17187, Raleigh, NC 27619

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