

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

**Application for Building and Trades Permit**

Owner's Name: Concrete Supply Company Date: 12.11.18  
Site Address: 243 Progress Drive, Fuquay-Varina, NC 27526 Phone: 919.795.5975  
Description of Proposed Work: OFFICE BUILDING, ONE STORY, FOR CONCRETE DISPATCH PERSONEL

**General Contractor Information:** Building Cost \$ 150,148.00

SORENSEN CONTRACTING CORP.  
Building Contractor's Company Name Telephone 919.795.5975  
PO Box 1105 Fuquay-Varina, NC 27526  
Address Email Address Keith.BuildingArt@gmail.com  
Michael Sorenson  
Signature of Owner/Contractor/Officer(s) of Corporation License # 601451

**Electrical Contractor Information:** Electrical Cost \$ 11,370.00

Description of Work ELECTRICAL ROUGH & TRIM Service Size: 200 Amps #T-Poles \_\_\_\_\_  
PIONEER ELECTRIC & MAINTENANCE CO, INC.  
Electrical Contractor's Company Name Telephone 919.499.7767  
80 NEILL THOMAS RD. Lillington, NC 27546  
Address Email Address pioneerelectric@earthlink.net  
Neill B. Thom  
Signature of Owner/Contractor/Officer(s) of Corporation License # 21643-0

**Mechanical Contractor Information:** Mechanical Cost \$ 15,490.00

Description of Work HVAC ROUGH & TRIM # Units 1  
AIRMAKERS  
Mechanical Contractor's Company Name Telephone 919.878.8800  
5420 OLD POOLE RD. RALEIGH NC 27610  
Address Email Address slowe@airmakers.com  
Scott J. Slowe  
Signature of Owner/Contractor/Officer(s) of Corporation License # 09809

**Plumbing Contractor Information:** Plumbing Cost \$ \$9,300.00

Description of Work Plumbing Rough & Trim OUT # Baths (2) HALF BATHS  
BARNES PLUMBING, INC  
Plumbing Contractor's Company Name Telephone (919) 422-2133  
239 MILWOOD LN ANGLIER, NC  
Address Email Address mckhunter2@gmail.com  
[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation License # 17735

**Insulation Contractor Information**

INSULATION INCORPORATED LLC 5902 FAYETTEVILLE ROAD  
Insulation Contractor's Company Name & Address Telephone 919.772.5313  
RALEIGH NC 27603

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

<b><u>Sprinkler Contractor Information</u></b>	
<u>N/A</u> Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<b><u>Fire Alarm Contractor Information</u></b>	
<u>N/A</u> Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<b><u>Driveway Access</u></b> - NC Department of Transportation Driveway Access/Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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!

Michael Sorenson 12.17.18  
Signature of Owner/Contractor/Officer(s) of Corporation Date

<b>Affidavit for Worker's Compensation N.C.G.S. 87-14</b>	
The undersigned applicant being the:	
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Owner
<input type="checkbox"/> 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:	
<input type="checkbox"/> Has three (3) or more employees and has obtained workers' compensation insurance to cover them.	
<input type="checkbox"/> Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.	
<input checked="" type="checkbox"/> Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.	
<input type="checkbox"/> 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: <u>Michael Sorenson / PRESIDENT</u>	Date: <u>12.17.18</u>