* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on

Application #_(
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
Phone 910-893-7525 Fax 910-893-2793 www.harnett.org
COMMERCIAL
Application for E.

Application for Building and Trades Permit

- top-110-11-10-1	Duilding and Trades Fermit
Owner's Name: David Klein	Date: <u></u> Date: <u></u>
Site Address: 266 Progress Dr. Figury-	
Directions to job site from Lillington: 42 W	ect from Evenery 401
- 4 miles cross tracks on	O - 1 - O O
THE STATE OF THE PARTY OF THE P	RIGHT Progress Drive
Subdivision: O - T / / /	
Subdivision: Duggan Industrial F	29.18 Lot: 9
Description of Proposed Work: 70 × 70 '	Metal Building
Heated SF //OO Unheated SF 3800	
David Klein	mation Building Cost \$ 80,000
Building Contractor's Company Name	<u>9/9- 422- 49/5-</u> Telephone
629 W Academy St Fuguay-	
Day Ill	License #
Signature of Owner/Contractor/Officer(s) of Corpor	Must sign & fill out second page ration
kinggring flores it is for	and the second of the second o
2 again bright of Mark (St. 65 - 12 NOV)	Service Size: 400 Amps #TPoles
Electrical Contractor's Company Name	919-422-4915
	Telephone
629W Academyist Fugury-Vos	sina Ne
92	License #
Signature of Officer(s) of Corporation	
Mechanical Permit Inform	nation Mech Cost \$ 4500.00
Description of Work Install Gas Funges	+ Caulon 40 + + Units 1
LJGUIG KIEIN	919-422-4915
Mechanical Contractor's Company Name	Telephone
629 W Academy St FLGURY-U	ALIAS, U.C.
ddress	License #
	License #
ignature of Officer(s) of Corporation	
Plumhing Dormit Inform	
Plumbing Permit Informa	ation Plumb Cost \$ 2500.00
Plumbing Permit Informs escription of Work Refer to Plans	
Plumbing Permit Informs escription of Work Refer to Plans Open Klain	ation Plumb Cost \$ 2500.00 # Baths 1 9/9-4/1-49/5
Plumbing Permit Informs escription of Work Refer to Plans Doud Klain umbing Contractor's Company Name	
Plumbing Permit Informs escription of Work Refer to Please Doud Klain umbing Contractor's Company Name 629 W Academy St. F. Company	
Plumbing Permit Informs escription of Work Refer to Please Doud Klain umbing Contractor's Company Name 629 W Academy St. F. Company	# Baths 1 9/9-422-4975 Telephone
Plumbing Permit Informs escription of Work Refer to Plans Doud Klain umbing Contractor's Company Name 629 W Academy St Fuguay- Lidress	# Baths <u>1</u> <u>9/9-4/1-49/5</u> Telephone Jaring NC
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Work. Off

Sprinkler Sys	tem Information			
Company Sountlet Company	Lan Snider			
Sprinkler Contractor's Company Name	Contact & Telephone			
2725 Sanders Rolegh NC	NC 2 3634		•	
Address	License #			
The last the second to the sec				
Signature of Officer(s) of Corporation Fire Alarm Sy	stem Information		*	
	919.422-4915			
Fire Alarm Contractor's Company Name	Contact & Telephone			
629 W Accidenyst Fuguery-1100-15		,,,,		
Address	License #			
Pos the				
Signature of Officer(s) of Corporation Driveway Access - NC Department of Transport	ortation Driveway Access/Permit?	Yes	(No)	
Driveway Access - NC Department of Transpor	Station Diversity recessive and	(
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. Signature of Owner/Contractor/Officer(s) of Corporation Date				
Signature of Owner/Contractor/Officer(s) of Corporati				
<u> </u>				
Affidavit for Worker's C	on Date ompensation N.C.G.S. 87-14		r	
Affidavit for Worker's Control of the Undersigned applicant being the:	on Date ompensation N.C.G.S. 87-14 Officer/Agent of the Contractor	or Owner		
Affidavit for Worker's Contractor	on Date ompensation N.C.G.S. 87-14 Officer/Agent of the Contractor person(s), firm(s) or corporation(s)	or Owner	g the work	
Affidavit for Worker's Contractor	on Date ompensation N.C.G.S. 87-14 Officer/Agent of the Contractor person(s), firm(s) or corporation(s) ained workers' compensation insura	or Owner performin	g the work	
Affidavit for Worker's Contractor	on Date ompensation N.C.G.S. 87-14 Officer/Agent of the Contractor person(s), firm(s) or corporation(s) ained workers' compensation insural s obtained workers' compensation in	or Owner performin nnce to co	g the work ver them. to cover	
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