

*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 # 43762 ^{RAB XC 047 - BP app}

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: SBA Network Services, LLC Date: 5/2/18
Site Address: 6080 Highway 421 N. Phone: 704.527.0003 ext. 2
Directions to job site from Lillington: SEE COVER SHEET OF CONSTRUCTION DRAWINGS

Subdivision: _____ Lot: _____
Description of Proposed Work: Antenna and equipment upgrades for Sprint on existing cell tower

Heated SF N/A Unheated SF N/A
General Contractor Information: Building Cost \$ 10,000.00

SBA Network Services, LLC 704.527.0003
Building Contractor's Company Name Telephone
4402-G Stuart Andrew Blvd., Charlotte, NC 28217 gcovey@sbsite.com
Address Email Address
X *[Signature]* 27855
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ _____
Description of Work N/A 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 N/A # 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 N/A # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

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

Insulation Contractor Information
N/A

Insulation Contractor's Company Name & Address Telephone

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

Sprinkler Contractor Information

N/A

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

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.

X *Alan By*
Signature of Owner/Contractor/Officer(s) of Corporation

5/1/18
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: SBA Network Services, LLC

Sign w/Title: X *Alan By* CPM Date: 5/1/18