

* 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 license.

Application # 0950022319
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: Atkins-Denton, LLC Date: _____
Site Address: 6050 US 401 N, FV, NC Phone: 919-567-0483

Directions to job site from Lillington: _____
US 401 North from Lillington, project on right,
south of Kipling.

Subdivision: _____ Lot: _____

Description of Proposed Work: Mini Storage

Heated SF 7500 Unheated SF 12,500

General Contractor Information Building Cost \$ _____

Building Contractor's Company Name _____ Telephone _____

Address _____ License # _____

Must sign & fill out second page

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

Electrical Permit Information Elec Cost \$ _____

Description of Work Lighting, Receptacles Service Size: 200 Amps #TPoles 2

Gwyn Electrical, Plumbing, Heating & Cooling Telephone 336-774-1818
Electrical Contractor's Company Name _____

3941 Westpoint Blvd, Winston Salem N.C. 27103 License # 27655
Address _____

Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ _____

Description of Work 3 Heatpumps + exhaust fan # Units _____ w/ heatstrip

Gwyn Electrical, Plumbing, Heating and Cooling Telephone 336-774-1818

Mechanical Contractor's Company Name _____ Telephone _____

3941 Westpoint Blvd Winston Salem, NC 27103 License # 15547
Address _____

Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work Toilet, Laundry Instant Water Heater # Baths 1

Gwyn Electrical Plumbing Heating and Cooling Telephone 336-774-1818

Plumbing Contractor's Company Name _____ Telephone _____

3941 Westpoint Blvd Winston Salem, NC 27103 License # 15547
Address _____

Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address _____ Telephone _____

Handwritten: 5.3.10

Sprinkler System Information

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

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 as per current fee schedule.

John A K Tucker
Signature of Owner/Contractor/Officer(s) of Corporation

4/30/10
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: John A K Tucker - Owners Rep

Sign w/Title: John A K Tucker Date: 4/30/10

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Subdivision: _____ Lot: _____

Description of Proposed Work: Mini Storage

Heated SF 7500 Unheated SF 12,500

General Contractor Information Building Cost \$ 150,000

JCA Management, LLC 919-567-0483

Building Contractor's Company Name Telephone

PO Box 297, Fuquay Varina, NC 27526 68812

Address License #

[Signature] Must sign & fill out second page

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

Electrical Permit Information Elec Cost \$ _____

Description of Work _____ Service Size: _____ Amps #TPoles _____

Electrical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Mechanical Permit Information Mech Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Plumbing Permit Information Plumb Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

Insulation Contractor's Company Name & Address Telephone

Handwritten: cancelled 6.3.10

Sprinkler System Information

Sprinkler Contractor's Company Name

Contact & Telephone

Address

License #

Signature of Officer(s) of Corporation

Fire Alarm System Information

Fire Alarm Contractor's Company Name

Contact & Telephone

Address

License #

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Company or Name: _____

Sign w/Title: _____ Date: _____