

I MARK GOTTLEMAN WILL BE AND HAVE BEEN PAYING
FOR ALL CONTRACTORS, LABOR, MATERIALS AS I GO AND THEY
FINISH. CASH WITH RECEIPT FROM PEOPLE DOING WORK WHEN PAID
IN FILE.

Mr. Gottleman 3-1-77.

Acting GC on MY PROJECT 'Main Agent'

Application # 37930

*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.

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: Darlene Marc Gettleman Date: _____

Site Address: 9947 Hwy 27 W Lillington NC Phone: 910 893 6357

Directions to job site from Lillington: Hwy 27 7 miles on left right before Little River Bridge, Across from water pump station

Subdivision: _____ Lot: _____

Description of Proposed Work: Garage

Heated SF _____ Unheated SF 1600

General Contractor Information: Building Cost \$ 5000

owner Marc Gettleman
Building Contractor's Company Name

910 893-6357
Telephone

9947 Hwy 27 W Lillington NC
Address

EFIGHTBALLTRUCKING@aol.com
Email Address

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

owner
License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work _____ 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 _____ # Units _____

NONE
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 _____ # Baths _____

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____

Telephone _____

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

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.

Mark C. Gertman
Signature of Owner/Contractor/Officer(s) of Corporation

2-28-17
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: AMPM TOWNS

Sign w/Title: Mark C. Gertman Manager

Date: 2-28-17