

*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 # 16-50037930
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: Marc Gattelman Date: 3/2/17
Site Address: 8947 NC 27 N Lillington NC Phone: 910.893.6357
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ _____

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Electrical Contractor Information: Electrical Cost \$ 6800

Description of Work _____ Service Size: _____ Amps #T-Poles _____

D2 Electric Inc (Jesse Bartlett) Telephone 919.498.3036

Electrical Contractor's Company Name _____

100 Hidden Creek Lane Lillington 27546 Email Address JesseDBartlett@hotmail.com

Address _____

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

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ 5800

Description of Work _____ # Baths _____

Cox Brothers Plumbing Telephone _____

Plumbing Contractor's Company Name _____

985 Thomas Kelly Rd. Sanford 27330 Email Address _____

Address _____ License # _____

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

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.

M. Gettleman
Signature of Owner/Contractor/Officer(s) of Corporation

3-21-17
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: _____

Sign w/Title: M. Gettleman Date: 3-21-17

HARNETT COUNTY CENTRAL PERMITTING

P.O. BOX 65

LILLINGTON, NC 27546

For Inspections Call: (910) 893-7525 Fax: (910) 893-2793

Bldg Insp scheduled before 2pm available next business day.

Application Number	16-50037930	Page	3
Property Address	NC 27	Date	3/21/17
PARCEL NUMBER	13-0517- - -0006- -04-		
Application description . . .	CP NEW COMMERCIAL BLDG/ENTERPRISE		
Subdivision Name	ATCO CORPORATION		
Property Zoning	PENDING		

Required Inspections

Seq	Phone Insp#	Insp Code	Description	Initials	Date
Permit type COMMERCIAL ELECTRICAL PERMIT					
999	265	E265	C*ELEC FINAL	_____	___/___/___
999	257	E257	C*ELEC OVERHEAD	_____	___/___/___
999	263	E263	C*ELEC RECONNECT	_____	___/___/___
999	253	E253	C*ELEC TEMP POWER CERT	_____	___/___/___
999	261	E261	C*ELEC UND POOL	_____	___/___/___
999	259	E259	C*ELEC UNDER SLAB	_____	___/___/___
999	255	E255	C*ELECTRICAL UNDERGROUND	_____	___/___/___
999	251	E251	C*ELEC ROUGH IN	_____	___/___/___
999	267	E267	C*ELEC TEMP SERVICE POLE	_____	___/___/___
Permit type COMMERCIAL PLUMBING PERMIT					
999	361	P361	C*PLUMB FINAL	_____	___/___/___
999	359	P359	C*PLUMB OVERHEAD	_____	___/___/___
999	355	P355	C*PLUMB SEWER CONNECTION	_____	___/___/___
999	353	P353	C*PLUMB WATER CONNECTION	_____	___/___/___
999	351	P351	C*PLUMB ROUGH IN	_____	___/___/___
999	357	P357	C*PLUMB UNDER SLAB	_____	___/___/___
999	363	P363	C*PLUMB GREASE TRAP	_____	___/___/___

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Owner

Contractor

GETTLEMAN MARC C & DARLENE R &
EMMA J BERES
8945 HWY 27W
LILLINGTON NC 27546

OWNER

Applicant

GETTLEMAN MARC
8945 NC 27 W
LILLINGTON NC 27546
(910) 893-6357

--- Structure Information 000 000 AUTO REPAIR 3000SQFT 3 EMPLOYEES
Flood Zone FLOOD ZONE X
Other struct info PROPOSED USE AUTO REPAIR
SEPTIC - EXISTING? EXIST

Permit COMMERCIAL ELECTRICAL PERMIT

Additional desc . .

Phone Access Code . 1183433

Issue Date 3/21/17

Valuation 6800

Expiration Date . . 3/21/18

Permit COMMERCIAL PLUMBING PERMIT

Additional desc . .

Phone Access Code . 1183441

Issue Date 3/21/17

Valuation 5800

Expiration Date . . 3/21/18

Special Notes and Comments

T/S: 01/28/2016 11:41 AM LBENNETT --
8947 NC 27 W
8 MILES OUT FROM LILLINGTON ON HWY27 -
BEFORE BRIDGE & NURSERY RD
T/S: 10/27/2016 10:27 AM DJOHNSON --
**** NOTE PER JAY SIKES...COMMERCIAL
BLDG IN 100 YR FP. PRE-CAST EC
SUBMITTED & BLDG TO HAVE FLOODWALLS

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Date 3/21/17

Special Notes and Comments

IN FRONT OF DOORS. FINAL ELEVATION
CERTIFICATE NEEDED PRIOR TO C.O. *****

