

*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: Agape Kure Beach Ministries Date: 8-13-17
Site Address: 1369 Tyler Dewar Rd. Phone: 919-880-4512
Directions to job site from Lillington: 401 South to Cokesbury Rd.
Turn Left on River Rd. Turn Right on Tyler Dewar Rd. Follow Road to 2 story Bldg, Project behind Bldg.
Subdivision: _____ Lot: _____
Description of Proposed Work: New Building

Heated SF 1054^{sq} Unheated SF _____
General Contractor Information: Building Cost \$ 120,000
Pullen Contracting Services, LLC Telephone 919-291-7301
Building Contractor's Company Name
1617 Farm Lake Dr. Holly Springs NC Email Address bpullen@embargmail.com
Address 27540 License # 51723
Jim Pullen Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information: Electrical Cost \$ 6,200
Description of Work New Service Service Size: 200 Amps #T-Poles 1
Southern Wake Electric Service, Inc. Telephone 919-669-8870
Electrical Contractor's Company Name
127 Heron Cove Rd. Hampstead, NC 28443 Email Address _____
Address License # 6202-L
Tavis Fason Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical Contractor Information: Mechanical Cost \$ 7,500
Description of Work Install 2.5 Ton 13sec Heat Pump # Units 1
HVAC Specialist Telephone 919-669-9509
Mechanical Contractor's Company Name
5843 Cokesbury Rd. Fuquay Varina NC Email Address hvacspecialist85@yahoo.com
Address 27526 License # 22035
Jim Pullen Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information: Plumbing Cost \$ 8,000.00
Description of Work New Work # Baths 1
Priority Plumbing Telephone 919-639-7200
Plumbing Contractor's Company Name
2836 Echo Pines Rd. Fuquay Varina NC Email Address P18550
Address 27526 License # _____
Jim Pullen Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information
Insulation, Inc. Telephone 919-772-9000
Insulation Contractor's Company Name & Address

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

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: Pullen Contracting Services, LLC.