

39E18

Application # _____

*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: MICHAEL MAGEE Date: 11/13/17
Site Address: 252 JARCO DR. F.VARINA Phone: _____
Directions to job site from Lillington: STRAIGHT UP 401 N TO JARCO DR.

Subdivision: _____ Lot: _____
Description of Proposed Work: NEW 5,000 S.F. WAREHOUSE + OFFICE
Heated SF 1250 Unheated SF 3750

General Contractor Information: Building Cost \$ 200,000.00

NICHOLS BLDGS. INC.
Building Contractor's Company Name
1010 CEDAR CREEK RD., FAH. N.C. 28328
Address
WYMAN A. NICHOLS, JR.
Signature of Owner/Contractor/Officer(s) of Corporation

910-323-1944
Telephone
NICBLDGS@EARLTHLINIL.NET
Email Address
57077
License #

Electrical Contractor Information: Electrical Cost \$ 15,000.00

Description of Work: PEAK COMM.
Service Size: _____ Amps #T-Poles _____
~~4301 STREET ANDREW BLVD CHAR. N.C. 28217~~
Electrical Contractor's Company Name
4301 STREET ANDREW BLVD CHAR. N.C. 28217
Address
WYMAN NICHOLS
Signature of Owner/Contractor/Officer(s) of Corporation

910-813-9181
Telephone

Email Address
27313-U
License #

Mechanical Contractor Information: Mechanical Cost \$ 14,000.00

Description of Work: CERTIFIED HEATING + AIR
Units 1
Mechanical Contractor's Company Name
PO BOX 1071 H. MILLS N.C. 28368
Address
WYMAN NICHOLS
Signature of Owner/Contractor/Officer(s) of Corporation

910 850 6127
Telephone

Email Address
20012 4-2a3
License #

Plumbing Contractor Information: Plumbing Cost \$ 5,000.00

Description of Work: TRINITY PLUMBING
Baths 1
Plumbing Contractor's Company Name
1989 WILMINGTON HWY. FAH. 28306
Address
WYMAN NICHOLS
Signature of Owner/Contractor/Officer(s) of Corporation

910 303 5585
Telephone

Email Address
32324
License #

Insulation Contractor Information

A-1 INSULATION
Insulation Contractor's Company Name & Address

910 850 2157
Telephone

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

11-14-17

1710 cc

300 cc

300 cc

300 cc

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.

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

11/13/17
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: NICHOLS BUILDINGS INC.

Sign w/Title: Wynmar Newby V.P. Date: 11/13/17