



Application for Plan Review

Application # 15-50036509

Date Received: 31 Aug 15 Received By: D Johnson

Name of Project: Independence Montessori Academy

Physical Address of Project: 84 Tingen Rd
Broadway NC 27505

Plans Submitted By: Luke Gerhardt

Project Phone: (757)-672-1046

Contact Person/Address: Same as Above (or)
Katelyn Gerhard (760) 845-8476
Allison Daniel (903) 812-2510

Contact Phone: () - () -

Contractor's Name/Info: David McEvers

Contractor's Phone: (919)-499-3098

- Plans that are submitted will be reviewed as quickly as possible with an average time of review between 7-10 working days.
- Status checks may be conducted on plan reviews by visiting the website <http://hteweb.harnett.org/Click2GovBP/Index.jsp> or by calling the Harnett County Central Permitting Office (910-893-7525, Option #2), or the Harnett County Fire Marshal's Office (910-893-7580).
- Approved plans must be picked up from the Central Permitting Office and all fees paid before any required inspections can be conducted.

*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

Application # 15 50030509

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: Allison Daniel d/b/a Independence Montessori Academy Date: 8/27/15

Site Address: 84 Tingen Rd Broadway, NC 27505 Phone: (903) 812-2510

Directions to job site from Lillington: East down West down Hwy 27; left on Tingen Rd. 2nd lot on left.

Subdivision: _____ Lot: _____

Description of Proposed Work: Modular Building for Private school

Heated SF 5330 Unheated SF 0

General Contractor Information: Building Cost \$ 10,900.00

Building Contractor's Company Name: David McEvers Telephone: 919 499 3098

Address: PO BOX 252 LEMON SPRINGS 28355

Signature of Owner/Contractor/Officer(s) of Corporation: David McEvers PLUMBING and CON Email Address: 33239

Electrical Contractor Information: Electrical Cost \$ 3000.00

Description of Work: Hook up (6) ISO AMP PANELS Service Size: 300 Amps #T-Poles: _____

Electrical Contractor's Company Name: GEB Electric Telephone: Home Cell (919) 499-6013 / (919) 775-8689

Address: 431 Altons LN Sanford, N.C. 27330 Email Address: 17758-L

Signature of Owner/Contractor/Officer(s) of Corporation: George E. Park License #: _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work: MECHANICAL UNITS # Units: in

Mechanical Contractor's Company Name: bldg Telephone: _____

Address: _____ Email Address: _____

Signature of Owner/Contractor/Officer(s) of Corporation: _____ License #: 00

Plumbing Contractor Information: Plumbing Cost \$ 5700

Description of Work: PLUMBING UNDER MOD # Baths: _____

Plumbing Contractor's Company Name: David McEvers Telephone: 919 499-3098

Address: PO BOX 252 LEMON SPRINGS Email Address: _____

Signature of Owner/Contractor/Officer(s) of Corporation: DM License #: 17190

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
Patterson Group Services Inc.
Fire Alarm Contractor's Company Name

(919)776-2403

229 Carthage St. Sanford NC 27330
Address

Pattersongroup@windstream.net
Email Address


Greg Patterson
Signature of Officer(s) of Corporation

30023-SP-FA/LV
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.


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

31 Aug 15
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.

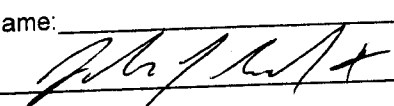
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: 

Date: 31 Aug 15