



\*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 # \_\_\_\_\_

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: HARTNETT COUNTY DEPARTMENT OF PUBLIC UTILITIES Date: 2/25/19

Site Address: 503 CALVARY CHURCH RD SANFORD, NC 27332-2001 Phone: \_\_\_\_\_

Description of Proposed Work: install 50kw on exisiting cell tower for emergency back up power

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 \$ 4700.00

Description of Work install 50kw for emergency b Service Size: 200 Amps #T-Poles \_\_\_\_\_

Site Dev Inc \_\_\_\_\_

813 892 5718

Electrical Contractor's Company Name \_\_\_\_\_

Telephone \_\_\_\_\_

5333 SE 160th Ave Ocklawaha Fl 32179

stephanie\_renee@outlook.com

Address \_\_\_\_\_

Email Address \_\_\_\_\_

John R Brooks

Digitally signed by John R Brooks Date: 2019.01.31 09:49:30 -05'00'

L.12854

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 \$ \_\_\_\_\_

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.

John R Brooks	<small>Digitally signed by John R Brooks Date: 2019.01.31 09:56:47 -05'00'</small>	2/25/19
Signature of Owner/Contractor/Officer(s) of Corporation		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.

Sign w/Title: John R Brooks	<small>Digitally signed by John R Brooks Date: 2019.01.31 09:58:53 -05'00'</small>	Date: 2/25/19
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