

*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: Anderson CREEK ACADEMY Date: 9-15-19
Site Address: 4940 Ray Rd Spring Lake NC 28390 Phone: 910-814-9001
Directions to job site from Lillington: Lft on Main, Rt on 27w, Lft on Nursery Rd, Lft on Ray Rd, destination approx 1.5 mi on L&T.

Subdivision: Near Anderson Creek Club Lot: _____

Description of Proposed Work: Remove decaying wall in Room 156

Heated SF Total 21,078 Unheated SF _____
RM 976
for combined

General Contractor Information: Building Cost \$ 4527.00

Anderson Creek Dev Telephone 919-454-4680

Building Contractor's Company Name
125 Whispering Pines Dr. Spring Lake NC 28390

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 66285

Electrical Contractor Information: Electrical Cost \$ 1200.00

Description of Work Wire/Trim out Service Size: 200 Amps #T-Poles 1

Pioneer Electric, Inc. Telephone 919-499-7767

Electrical Contractor's Company Name Telephone _____

80 Neill Thomas Rd. Lillington NC 27546
Address _____ Email Address pioneerelectric@earthlink.net

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 21643-0

Mechanical Contractor Information: Mechanical Cost \$ N/A

Description of Work Rough in and trim out HVAC # Units _____

Total Systems Heating and Cooling, Inc. Telephone 910-436-3450

Mechanical Contractor's Company Name Telephone _____

13341 Hwy 210 South Spring Lake NC 28390

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 28846 H2/H3

Plumbing Contractor Information: Plumbing Cost \$ N/A

Description of Work Rough In and trim out Plumbing # Baths _____

Wagner Plumbing, Inc. Telephone 910-890-2299

Plumbing Contractor's Company Name Telephone _____

555 Tirzah Dr. Lillington NC
Address _____ Email Address wagnerplumbing@yahoo.com

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 31576

_____ License # _____

Insulation Contractor Information

Tri-City Insulation Telephone 910-237-0910

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	
Holmes Electric Security Fire Alarm Contractor's Company Name	910-483-6922 Telephone
127 HAY ST. FAYETTEVILLE NC 28301 Address	Subcontractor: Holmes Electric Security, Inc. Email Address
<i>[Signature]</i> Signature of Officer(s) of Corporation	10174 SP-LV License #
Driveway Access - NC Department of Transportation Driveway Access/Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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]
Signature of Owner/Contractor/Officer(s) of Corporation

9-15-19
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: ANDERSON CREEK DEV. INC.

Sign w/Title: [Signature] PROJECT MGR. Date: 9-15-19