

\*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	s Permit
Owner's Name: Panny Ral Dev LL	Date: <u>7 - 27 - 28</u>
Site Address: 1500 Harnett Central	Rd Phone: 91986835
Description of Proposed Work: _ Sign, Irrigation	
General Contractor Information: Building Cost \$	
Montague Polely Co. Building Contractor's Company Name	919 8633586
Building Contractor's Company Name	Telephone
10305 Penny Ra Raleigh N1 276	6 C
11 194	Email Address
Signature of Owner Contractor/Officer(s) of Corporation	3985— License #
Electrical Contractor Information: Electrical Cost	\$
Description of Work Meter Basa Service Size: 6	1 Amps #T-Poles (
Bobby Jackson Elea Sex Electrical Contractor's Company Name	9197301251
Electrical Contractor's Company Name 9761 Rzleigh Rd Benzon NGZ7	Telephone
Address, O. A.	Email Address
John Jackson	
Signature of Owner/Contractor/Officer(s) of Corporation	21144 SFD License #
Mechanical Contractor Information: Mechanical C	ost \$ 100,00
Description of Work Meter B23	# Units
Montague Blod Co	9193627477
Mechanical Contractor's Company Namo	Tolonhana
10305 Panny Rd Ral NC 2760	
Address A M	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	
Plumbing Contractor Information: Plumbing Cost \$	License #
Description of Work	
Plumbing Contractor's Company Name	Telephone
Address	Email Address
7.00.000	Linaii Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	<u>1</u>
Insulation Contractor's Company Name & Address	<del></del>
modation contractors company Name & Address	Telephone

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



Sprinkler Contractor Information		
Montague Bldg	919 3627477	
Sprinkler Contractor's Company Name	Telephone	
10305 Penny Ro Rolping	20	
Address	Email Address	
Harry Marking as	3985	
Signature of Officer(s) of Corporation License #		
Fire Alarm Contractor Information		
Fire Alarm Contractor's Company Name	Talantana	
The Alain Contractor's Company Name	Telephone	
Address	Email Address	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
Service Control of the Control of th		
<u>Driveway Access</u> - 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 <a href="mailto:any">any</a> 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 Ce	ntral Permitting Department of	
any and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issue fee is \$150	On After 2 years raissue for	
is charged at full price per current fee schedule.	.00. Aitel 2 years re-issue ree	
111 220		
Signature of Owner/Contractor/Officer(s) of Corporation	7-27-20	
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	of the Contractor or Owner	
Oeneral contractor owner Onicer/Agent (	or 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:	21, Date: 7-27-20	