

**Application for Building and Trade Permit**

Owner's Name: Gary Willis Plumbing, Inc. Date: 10/6/2020  
Address: 2268 Bailey Rd Phone: 919-894-2987  
Directions to job site: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Construction Type: (Please Check) Building Use: (Please Check)  
 New  Residential  
 Renovation  Modular  
 Addition  Commercial  
 Moved House  Multi-Family  
 Other  
Description of Proposed Work: \_\_\_\_\_  
Total Project Cost: \_\_\_\_\_

**Building Permit Information**

Heated SF \_\_\_\_\_ Crawl Space ( ) Building Construction Cost \$ \_\_\_\_\_  
Unheated SF \_\_\_\_\_ Slab ( ) Acres Disturbed \_\_\_\_\_ Stories \_\_\_\_\_  
Building Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Electrical Permit Information**

Description of Work installing emergency power Electrical Cost \$ 2,500.00  
TS Pole: Yes ( ) No (x) Underground ( ) Overhead ( )  
Permanent Service: Underground (x) Overhead ( ) Service Size: 400 Amps  
Martin Enterprises 919-538-10644  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
1660 Oak Grove Rd Angier NC. \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Gary Willis  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Mechanical Permit Information**

Description of Work \_\_\_\_\_  
Number of Units \_\_\_\_\_ Type System \_\_\_\_\_ Mechanical Cost \$ \_\_\_\_\_  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Plumbing Permit Information**

Description of Work \_\_\_\_\_  
Number of Baths \_\_\_\_\_ Plumbing Cost \$ \_\_\_\_\_  
Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ License # \_\_\_\_\_  
Signature of Officer(s) of Corporation \_\_\_\_\_

**Insulation Permit Information**

Residential ( ) Other ( ) Not Required ( )  
Insulation Contractor's Company Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name Telephone \_\_\_\_\_  
\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
Address License # \_\_\_\_\_  
\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name Telephone \_\_\_\_\_  
\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
Address License # \_\_\_\_\_  
\_\_\_\_\_  
Signature of Officer(s) of Corporation

**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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation Date \_\_\_\_\_

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

\_\_\_\_\_ 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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

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

\_\_\_\_\_ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

\_\_\_\_\_ Has/have not 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.

Firm Name: \_\_\_\_\_

By/Title: \_\_\_\_\_

Date: \_\_\_\_\_