



*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: American Tower Corp. Date: 11/3/2020

Site Address: 876 McFarland Rd., Broadway, NC 27505 (368-766) Phone: (919) 961-1747

Description of Proposed Work: Install AT&T antennas on tower, add a pad for equipment & generator on the

General Contractor Information: Building Cost \$ 20K

Mastec Network Solutions (919) 961-1747

Building Contractor's Company Name Telephone

507 Airport Blvd., Suite 111, Morrisville, NC brad.conn@mastec.com

Address Email Address

X *Billy G* 70037

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

Electrical Contractor Information: Electrical Cost \$ 5K

Description of Work _____ Service Size: 200 Amps #T-Poles N/A

Mastec Network Solutions (919) 961-1747

Electrical Contractor's Company Name Telephone

507 Airport Blvd., Suite 111, Morrisville, NC brad.conn@mastec.com

Address Email Address

X *Billy G* U29889

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

Mechanical Contractor Information: Mechanical Cost \$ N/A

Description of Work N/A # Units N/A

N/A N/A

Mechanical Contractor's Company Name Telephone

N/A N/A

Address Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ N/A

Description of Work N/A # Baths N/A

N/A N/A

Plumbing Contractor's Company Name Telephone

N/A N/A

Address Email Address

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

Insulation Contractor Information

N/A N/A

Insulation Contractor's Company Name & Address Telephone

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

<u>Sprinkler Contractor Information</u>	
N/A	N/A
_____ Sprinkler Contractor's Company Name	_____ Telephone
N/A	N/A
_____ Address	_____ Email Address
_____ Signature of Officer(s) of Corporation	_____ License #
<u>Fire Alarm Contractor Information</u>	
N/A	N/A
_____ Fire Alarm Contractor's Company Name	_____ Telephone
N/A	N/A
_____ Address	_____ Email Address
_____ Signature of Officer(s) of Corporation	_____ License #
<u>Driveway Access</u> - 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.

Michael R. Hitchcock As Agent for AT&T Mobility 11/3/2020
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:	
<input checked="" type="checkbox"/> General Contractor	<input type="checkbox"/> Owner <input type="checkbox"/> 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:	
<input checked="" type="checkbox"/>	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
<input type="checkbox"/>	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: <u>Billy G Qualifier</u>	Date: <u>11/5/20</u>