



*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: Duke Energy (Attn: Dale Brooks) Date: 01-25-2021

Site Address: 465 Red Hill Church Road, Dunn, NC 28334 Phone: (704) 868-6302

Description of Proposed Work: Construction of new telecommunications tower and compound

General Contractor Information: Building Cost \$ 1,100,000

Engineered Tower Solutions, PLLC (919) 280-4191

Building Contractor's Company Name Telephone

3227 Wellington Ct., Raleigh, NC 27615 Eric.Dickerson@ets-llc.com

Address Email Address

[Signature] 76106

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

Electrical Contractor Information: Electrical Cost \$ 6,000

Description of Work Service and Generator conn Service Size: 200 Amps #T-Poles n/a

Propst & Son Electrical Service, Inc. (919) 612-1978

Electrical Contractor's Company Name Telephone

3716 Overlook Rd, Raleigh, NC 27616 Propstandson@nc.rr.com

Address Email Address

[Signature] 4167-U

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 Telephone

Mechanical Contractor's Company Name Telephone

n/a Telephone

Address Email Address

n/a 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 Telephone

Plumbing Contractor's Company Name Telephone

n/a Telephone

Address Email Address

n/a Email Address

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

Insulation Contractor Information

n/a Telephone

Insulation Contractor's Company Name & Address Telephone

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

Sprinkler Contractor Information

n/a	n/a
_____ Sprinkler Contractor's Company Name	_____ Telephone
n/a	n/a
_____ Address	_____ Email Address
_____ Signature of Officer(s) of Corporation	n/a
	_____ License #

Fire Alarm Contractor Information

n/a	n/a
_____ Fire Alarm Contractor's Company Name	_____ Telephone
n/a	n/a
_____ Address	_____ Email Address
_____ Signature of Officer(s) of Corporation	n/a
	_____ 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.

_____ <i>J. Eric P...</i> Signature of Owner/Contractor/Officer(s) of Corporation	_____ 01-25-2021 Date
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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: _____ <i>J. Eric P...</i>	Date: _____ 01-25-2021
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