



\*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: 2/12/2021

Site Address: 179 Dean Rd., Lillington, NC 27546 (368-323) 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 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 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 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 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  
Sprinkler Contractor's Company Name  
N/A  
Address  
Signature of Officer(s) of Corporation

N/A  
Telephone  
N/A  
Email Address  
N/A  
License #

**Fire Alarm Contractor Information**

N/A  
Fire Alarm Contractor's Company Name  
N/A  
Address  
Signature of Officer(s) of Corporation

N/A  
Telephone  
N/A  
Email Address  
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.

Billy G  
Signature of Owner/Contractor/Officer(s) of Corporation

02/12/21  
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.

Sign w/Title: Billy G Director/Qualifier Date: 02/12/21