



*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: Harnett County Schools / Triton Hight Date: 9-27-21
Site Address: 1500 S. Main St. Lillington, NC 27546 Phone: 910-703-5275
Description of Proposed Work: Build new hut

General Contractor Information: Building Cost \$ 14,500

Harnett County Schools
Building Contractor's Company Name

910-893-4808
Telephone

1500 S. Main St. Lillington, NC 27546
Address

rpone@harnett.k12.nc.us
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

License #

Description of Work Wire new Hut Service Size: 100

2500.00 Amps #T-Poles _____

Electrical Contractor's Company Name

910 890 3418
Telephone

Address

Wester@harnett.k12.nc.us
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

License #

Mechanical Contractor Information: Mechanical Cost \$ 5000.00

Description of Work hang Band unit on hut

Units 1

J-M Heating - AVR
Mechanical Contractor's Company Name

910 890 3418
Telephone

Address

Wester@harnett.k12.nc.us
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work NONE

Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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

License #

Insulation Contractor Information

Insulation Inc.
Insulation Contractor's Company Name & Address

910-772-9000
Telephone

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

Sprinkler Contractor Information

NONE
Sprinkler Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Officer(s) of Corporation _____ License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Officer(s) of Corporation _____ 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.

Robney Rye
Signature of Owner/Contractor/Officer(s) of Corporation _____ Date 9-27-21

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: Robney Rye _____ Date: 9-27-21