

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-883-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Fly Five Co, LLC 2919 Bronze Wood Ave Ct 100 Fayetteville NC 28303 Date: _____

Site Address: 1624 NE 24-87 Cameron NC 28326 Phone: _____

Directions to job site from Lillington: _____

Subdivision: North Gate Lot: 5-C

Description of Proposed Work: Adding Business w/ sign

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ _____

Diversified Signs & Graphics Telephone 803-628-1121
Building Contractor's Company Name

P.O. Box 1087 York SC 29745 Email Address loyce@diversified-signs.com
Address

[Signature] License # 600875634
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information: Electrical Cost \$ _____
Description of Work Hook up sign Service Size: _____ Amps #T-Poles _____

Rowe's Electric Corporation Telephone 910-935-4033
Electrical Contractor's Company Name

1457 Hayes Rd. Spring Lake NC 28390 Email Address _____
Address

They will pull there Electrical Permit License # _____
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____

_____ Telephone _____
Mechanical Contractor's Company Name

_____ Email Address _____
Address

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

Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work _____ # Baths _____

_____ Telephone _____
Plumbing Contractor's Company Name

_____ Email Address _____
Address

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

Insulation Contractor Information

Diversified Signs & Graphics Telephone 803-628-1121
Insulation Contractor's Company Name & Address

P.O. Box 1087 York SC 29745

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

Sprinkler Contractor Information

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.

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

Date

3/17/2022

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.

Company or Name: Diversified Signs & Graphics

Sign w/Title: Permits

Date: 3/17/2022