

Add. Trade
C-15

Harnett
COUNTY

Application # BCOM 22.05.0007

*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.

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: Lexington Plantation LLC Date: 05/13/2022
Site Address: 400 Centennial Parkway, Cameron, NC 28326 Phone: 910-484-5400
Description of Proposed Work: construct in ground concrete swimming pool and pool patio

General Contractor Information: Building Cost \$ 219,490.00

Clayton Britt & Sons Inc 910-868-8319
Building Contractor's Company Name Telephone
PO Box 29, Fayetteville, NC 28302 swatkins@spaandpoolworld.com
Address Email Address
Shirley Watkins 35207U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 4,500.00

Description of Work Wire Pool Service Size: _____ Amps #T-Poles _____
WO's Electric - Jody Womack 910-850-5495
Electrical Contractor's Company Name Telephone
575 Cope Road Red Springs, NC 28377 woselectric@live.com
Address Email Address
[Signature] 19628U
Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____
Mechanical Contractor's Company Name Telephone
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

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 _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

N/A

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.

Christine Cox

Digitally signed by Christine Cox
DN: cn=Christine Cox, o=Harnett County, email=christine.cox@harnettcounty.nc.gov
Reason: I am the signer of this document
Date: 2022.05.19 16:08:17 -0400
User-Agent: Firefox/91.0

5/19/2022

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:

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: Christine Cox

Digitally signed by Christine Cox
DN: cn=Christine Cox, o=Harnett County, email=christine.cox@harnettcounty.nc.gov
Reason: I am the signer of this document
Date: 2022.05.19 16:08:17 -0400
User-Agent: Firefox/91.0

Date: 5/19/2022

Sr. Project Coordinator