

\*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  
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: David Galatas Date: 05/26/22  
Site Address: 1054 NC 24 - 87 Cameron, NC Phone: 910-436-1922  
Directions to job site from Lillington: Route 210 to Overhills Rd

Subdivision: na Lot: \_\_\_\_\_

Description of Proposed Work: Replace existing sign with new sign for dentistry practice

Heated SF na Unheated SF \_\_\_\_\_

**General Contractor Information: Building Cost \$** Total Project Cost is \$19,900

Mercury Signs Inc

949-400-0637

Building Contractor's Company Name

Telephone

7306 Self Storage Rd Apex, NC

gina@mercurysignsinc.com

Address

Email Address

*Gina Lalani*

na

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

License #

**Electrical Contractor Information: Electrical Cost \$** \$1500

Description of Work LED lit pylon sign Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Carolina Signs and Service

919-639-3476

Electrical Contractor's Company Name

Telephone

PO Box 127, Angier, NC

marty@carolinasisignsandservice.com

Address

Email Address

*M. Marty*

25159-SP-ES

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

License #

**Mechanical Contractor Information: Mechanical Cost \$** \_\_\_\_\_

Description of Work na # 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 na # Baths \_\_\_\_\_

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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

License #

**Insulation Contractor Information**

na

Insulation Contractor's Company Name & Address

Telephone

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

**Sprinkler Contractor Information**

na

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

na

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.

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

05/26/22  
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.

Company or Name: Mercury Signs Inc

Sign w/Title: Gina Lalani Secretary Date: 05/26/22