

\*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: Larue Powell	Date: 07/26/2022	
Site Address: 4271 Neills Creek Rd Building B	Phone: 919-369-9872	
Description of Proposed Work: Build one 17000 Square foot Climate Controlled Self Storage Building		
General Contractor Information: Building Cost \$ 750,000.00		
Imperial Self Storage Development, Inc.	919-369-9872	
Building Contractor's Company Name	Telephone	
6917 NC 55 Hwy Fuquay-Varina NC 27526	jauton@issdinc.com	
Address	Email Address	
John Auton  ONIC-US. Explanor/Bissorn.com, 0-*Imperial Self Storage Development. Inc 1:  ONIC-US. Explanor/Bissorn.com, 0-*Imperial Self Storage Development. Inc 1:  ONIG-US. Explanor.	81848	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Electrical Contractor Information: Electrical Cost \$		
Description of Work Install New Electrical Services Service Size: 200	Amps #T-Poles None (919) 980-2984	
Advanced Electrical Solutions LLC of Willow Springs  Electrical Contractor's Company Name	Telephone	
577 D Dixon Road Willow Spring, NC 27592	advdvr50@aol.com	
Address	Email Address	
Jerry Smale    Digitally signed by Jerry Smale   Digitally signed by Jerry Smale   Digitally signed by Jerry Smale   Digitally Signed by Jerry	U.10903	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical Cost \$ 35,000.00		
Description of Work Install Four HVAC Units	# Units Four	
Fuquay Heating & Air	(919) 552-6285	
Mechanical Contractor's Company Name	Telephone	
1104 Rolling Farm Dr Raleigh NC 27603	dickens_k@bellsouth.net	
Address	Email Address	
Kenneth Dickens  Dickens Dickens Dickers Dicke	L.08786	
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		
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 #	
<u>Driveway Access</u> - 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 <a href="mailto:any">any</a> 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.		
John Auton  Digit-Cuts, Equipment lay John Auton  Digit-Cuts, Equipment land Common De-Temperal Self Starrage Development, Inc.*, CN- John Auton  Date 2012.117 (1911) 119	07/26/2022	
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: John Auton Signature of the Signature of th	age Development, Inc.*: CN-John Auton Date: 07/26/2022	