

*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: MICHAEL S. KOTLAREK Date: 9-10-2022

Site Address: 66 AMARILLO LANE Phone: 910-709-5727

Directions to job site from Lillington: NC 210 SOUTH TO 27W, TURN RIGHT, CONTINUE TO BUFFALO LAKES RD, TURN LEFT CONTINUE TO AMARILLO LANE TURN RIGHT

Subdivision: BUFFALO LAKE BUSINESS PARK Lot: _____

Description of Proposed Work: BUILD OUT OF COMMERCIAL KITCHEN

Heated SF 750 Unheated SF 0
General Contractor Information: Building Cost \$ 3000

MICHAEL KOTLAREK 910-709-5727
Building Contractor's Company Name Telephone

52 LOCKWOOD DR CAMPDEN NC 28326 mskotlarek@gmail.com
Address Email Address

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

Electrical Contractor Information: Electrical Cost \$ 6000
Description of Work COMMERCIAL KITCHEN INSTALL Service Size: 200 Amps #T-Poles 3

GET ELECTRIC 910-605-9154
Electrical Contractor's Company Name Telephone

131 SOUTH PRINCE HENRY WAY NC 28326 getelectric123@gmail.com
Address Email Address

[Signature] License # 33177
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

N/A Telephone _____
Mechanical Contractor's Company Name

Address _____ Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ 4000

Description of Work COMMERCIAL KITCHEN BUILDOUT # Baths _____

ACS PLUMBING 910 476 2565
Plumbing Contractor's Company Name Telephone

1551 YARBOROUGH RD PACTON NC AKR54@Aol.com
Address Email Address

[Signature] License # 08910-P1
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

MA Telephone _____
Insulation Contractor's Company Name & Address

*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

All American Fire Protection

910-496-0600

Fire Alarm Contractor's Company Name

Telephone

159 S. MAIN ST SPRAWL LIKE NC

m.smith@allamericanfireusa.com

Address

Email Address

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

9-19-2022
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: MICHAEL KOTLAREK

Sign w/Title: [Signature] OWNER Date: 9-19-2022