



*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: Cape Fear Christian Academy Date: 10/11/22
Site Address: 138 Erwin Chapel RD Erwin NC Phone: 919-633-7128

Description of Proposed Work: _____

General Contractor Information: Building Cost \$ 27,500
James Brewington House Moving 919 291 - 7053
Building Contractor's Company Name Telephone

Address _____ Email Address _____

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

Electrical Contractor Information: Electrical Cost \$ 9000
Description of Work Re-connect Service Size: 200 Amps #T-Poles _____
House Elec. 910 - 890 - 2556
Electrical Contractor's Company Name Telephone

2951 McDougald RD
Address _____ Email Address _____

Lillington NC 27546
Address _____ Email Address _____

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

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

N/A
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 _____

N/A
Plumbing Contractor's Company Name Telephone

Address _____ Email Address _____

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

Insulation Contractor Information

N/A
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 _____ <i>N/A</i>	Email Address _____
Signature of Officer(s) of Corporation _____	License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____	Telephone _____
Address _____ <i>N/A</i>	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 _____ <i>Keith Lupp</i>	Date _____ <i>11-2-22</i>
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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: _____ <i>Keith Lupp</i>	Date: _____ <i>11/2/22</i>
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