

*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 # BCRML2210.0003

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.hamott.org/permits
COMMERCIAL

0690-95-2453

Application for Building and Trades Permit

Owner's Name: T & L Coats, LLC Date: 10/17/22
Site Address: TBD E. Stewart St., Coats, NC 27521 Phone: 910-890-3256
Directions to job site from Lillington: take Hwy. 27 to Coats, cross Hwy. 55 towards Benson ... site will be on right. Enter next to University Storage at 310 N. Orange St., Coats, NC.
Subdivision: N/A Lot: _____
Description of Proposed Work: construction of 7000sf commercial building - shell only.

Heated SF 7000sf Unheated SF 0
General Contractor Information: Building Cost \$ 385,726

Barefoot Building Company, LLC
Building Contractor's Company Name
PO BOX 1411, Coats, NC 27521
Address

(910) 890-3256
Telephone
wrbarefoot@yahoo.com
Email Address

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

81627
License #

Electrical Contractor Information: Electrical Cost \$ 300.00
Description of Work Installation of T-pole Service Size: 200 Amps #T-Poles yes

Reliant Electric and Power
Electrical Contractor's Company Name
222 Normandy Drive, Clayton, NC
Address

(919) 632-6963
Telephone
Email Address

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

295884
License #

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

Mechanical Contractor's Company Name

Address

Telephone

Email Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ 4,000.00
Description of Work stub up future plumbing in shell bldg. # Baths N/A

Fred Arthur Chris Lecuyer, III
Plumbing Contractor's Company Name
115 Keyman Drive, Coats, NC
Address

(919) 676-1925
Telephone

Email Address

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

L. 30173
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 # _____

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

10/17/2022
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: Bonifat Building Company, LLC

Sign w/Tide: [Signature], Member/Manager Date: 10/17/2022