

*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: T-Mobile 5RA0965A Date: 2/9/2023

Site Address: 6908 Cokesbury Road, Holly Springs, NC Phone: 919-425-7611

Directions to job site from Lillington: Head north on 401 to F-V. T/L on Rawls Church Road. T/R on Christian Light Road. T/L on Orange Duncan Road.

T/L on Hwy 42. T/R on Cokebury Road. Site is Water Tank on Right.

Subdivision: Existing Cell Site on Water Tank Lot: _____

Description of Proposed Work: Installation of Generator on existing concrete pad.

Heated SF N/A Unheated SF N/A

General Contractor Information: Building Cost \$ \$17,500

Jacobs Telecommunications

704-953-8146

Building Contractor's Company Name

Telephone

120 South Central Ave, Clayton, MO 63105

josh.johnston@jacobs.com

Address

Josh Johnston

Digitally signed by Josh Johnston
DN: cn=Josh Johnston, o=US, ou=Jacobs, email=josh.johnston@jacobs.com
Reason: I agree to the terms defined by the placement of my signature on this document
Date: 2023.02.09 07:50:24 -0500

Email Address

74930

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

License #

Electrical Contractor Information: Electrical Cost \$ \$3500

Description of Work Generator Installation Service Size: 200 Amps #T-Poles _____

SkyTel Contracting, Inc.

706-216-0963

Electrical Contractor's Company Name

Telephone

331 East Grant Road, Dawsonville, GA 30534

ashley@skytelcontractors.com

Address

Ashley Wilkins

Email Address

U.30352

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

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work N/A # 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 N/A # Baths _____

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

N/A

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

N/A

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.

Josh Johnston
Digitally signed by Josh Johnston
DN: cn=Josh Johnston, c=US, o=Jacobs, ou=Jacobs Telecommunications, email=josh.johnston@jacobs.com
Reason: I agree to the terms defined by the placement of my signature on this document
Date: 2023.02.09 07:44:51 -0500

2-9-23

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.

Company or Name: **Jacobs**
Josh Johnston
Digitally signed by Josh Johnston
DN: cn=Josh Johnston, c=US, o=Jacobs, ou=Jacobs Telecommunications, email=josh.johnston@jacobs.com
Reason: I agree to the terms defined by the placement of my signature on this document
Date: 2023.02.09 07:47:59 -0500

Sign w/Title: **Josh Johnston** Date: 2-9-23