

*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: Boddie Noell Enterprises, Inc. Date: _____

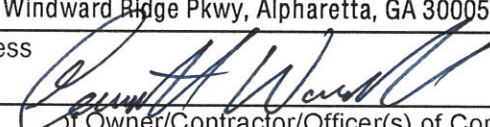
Site Address: 5184 NC 87 N, Sanford, NC 27332 Phone: _____

Directions to job site from Lillington: _____
existing Hardee's restaurant

Subdivision: _____ Lot: _____

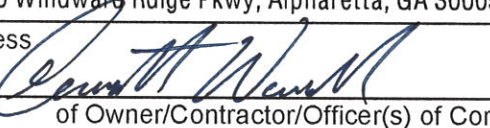
Description of Proposed Work: Installation of new digital drive thru menu board

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 10,599

Barranco Enterprises
Building Contractor's Company Name
1006 Windward Ridge Pkwy, Alpharetta, GA 30005
Address

Owner/Contractor/Officer(s) of Corporation

800-976-4003
Telephone
permits@barranco.us
Email Address
99978
License #

Electrical Contractor Information: Electrical Cost \$ _____
Description of Work connection to new menu board Service Size: _____ Amps #T-Poles _____

Barranco Enterprises
Electrical Contractor's Company Name
1006 Windward Rdige Pkwy, Alpharetta, GA 30005
Address

of Owner/Contractor/Officer(s) of Corporation

800-976-4003
Telephone
permits@barranco.us
Email Address
License #

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

Mechanical Contractor's Company Name

Address

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

Telephone

Email Address

License #

Plumbing Contractor Information: Plumbing Cost \$ _____
Description of Work N/A # Baths _____

Plumbing Contractor's Company Name

Address

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

Telephone

Email Address

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

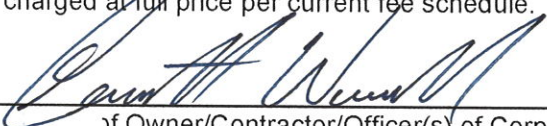
Signature of Officer(s) of Corporation

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.



of Owner/Contractor/Officer(s) of Corporation

July 14th, 2023

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: Barranco Enterprises

Sign w/Title: _____ Date: _____