

*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: Mt. Arick Methodist Church Date: 9/18/23

Site Address: 3950 NC 27 W, Lillington Phone: _____

Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Replacing existing static cabinet with electronic message board

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 26,500⁰⁰

Advance Signs & Service
Building Contractor's Company Name

919-639-4666
Telephone

PO BOX 1090, Angier, NC 27501
Address

debra.landell@advance
Email Address signservice.com

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

License # _____

Electrical Contractor Information: Electrical Cost \$ 200⁰⁰
Description of Work: Connection of sign Service Size: _____ Amps #T-Poles _____

to existing electrical circuit
Electrical Contractor's Company Name

919-639-4666
Telephone

Advance Signs, PO Box 1090, Angier, NC
Address

debra.landell@advance
Email Address signservice.com

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

16005 EP ES
License #

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

Plumbing Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

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.

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

9-18-23
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: Advance Signs & Service, Inc

Sign w/Title: *Scott Brown* President Date: 9-18-23