

*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: IOM, Inc Date: 2/9/24

Site Address: 19 Oriental St, Angier, NC 27501 Phone: 919-639-2073

Directions to job site from Lillington: New Subdivision located off Piney Grove Rd. Take 210 towards angier, turn right on Old Stage Rd, turn left on Piney Grove Rd, subdivision is approx 1 mile on the right.

Subdivision: Tobacco Road Lot: # 151

Description of Proposed Work: install subdivision entry sign

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 17,000

Bradley Built, Inc 919-639-2073

Building Contractor's Company Name Telephone

466 Stencil Rd, Angier, NC 27501 bo@bradleybuiltnc.com

Address BB Email Address

Signature of Owner/Contractor/Officer(s) of Corporation 54519

Electrical Contractor Information: Electrical Cost \$ 1,500

Description of Work Install meter base and power supply Service Size: 60 Amps #T-Poles _____

Sno Electric 919-427-6952

Electrical Contractor's Company Name Telephone

19655 NC 210, Angier, NC 27501

Address _____

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

_____ Email Address

_____ 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

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.



2/9/2024

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: Bradley Built, Inc.

Sign w/Title:  Vice President

Date: 2/9/2024