

*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: Lamar Advertising Date: 02/28/2024

Site Address: Robin Hood RD Dunn NC 28334 Pin # 1538-22-8582.000 Phone: 252-382-0354

Directions to job site from Lillington: Take hwy 421 to I - 95 North. Take I-95 north till exit 77.

Make a right onto Hodges Chaple Rd at the stop sign make a left onto Jonesboro Rd. until

you get to Webb Rd make a left. Take Webb rd all the way to the end Billboard will be on Right.

Subdivision: N/A Lot: _____

Description of Proposed Work: Relocating billboard back 55' due to DOT Rd project

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 17,500.00

Lamar Advertising 252-382-0354

Building Contractor's Company Name Telephone

5200 Atlantic Ave Raleigh NC 27616 bkjohnson@lamar.com

Address Email Address

Keith Johnson N/A

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

Electrical Contractor Information: Electrical Cost \$ 1,500.00

Description of Work New electrical service Service Size: 150 Amps #T-Poles N/A

Riggs & Associates Electrical Contractor 252-560-2876

Electrical Contractor's Company Name Telephone

2012 West Vernon Ave Kinston NC 28504 randaec@hotmail.com

Address Email Address

Amal Raja 16213 U

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

<u>Keith Johnson</u> Signature of Owner/Contractor/Officer(s) of Corporation	<u>02/28/2024</u> Date
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Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

____ General Contractor ____ Owner X ____ 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:

X ____ Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

X ____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

X ____ 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: Lamar Advertising

Sign w/Title: <u>Keith Johnson</u> <u>Operation Manager</u>	Date: <u>02/28/2024</u>
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