

*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: CAMPBELL UNIVERSITY Date: _____

Site Address: 2012 KEITH HILLS ROAD LILLINGTON NC Phone: _____

Directions to job site from Lillington: SITE IS LOCATED BEHIND 2010 KEITH HILLS ROAD GOLF COURSE MAINTENANCE SHED

Subdivision: _____ Lot: _____

Description of Proposed Work: EMERGENCY REPAIR DUE TO FALLEN TREE

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ _____

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work EMERGENCY REPAIR Service Size: 200 Amps #T-Poles _____

SANFORD ELECTRICAL CONTRACTORS 919-602-1932

Electrical Contractor's Company Name _____ Telephone _____

Address 946 N. HORNER BLVD. SANFORD NC 27350 jkentley@sanfordelectricalcontractors.com

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



30825

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**