

*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: Champion Homes Date: 12/10/24
Site Address: 115 Titan Roberts Rd, Lillington NC 27546 Phone: (910) 84-4297
Directions to job site from Lillington: N/A

Subdivision: — Lot: —

Description of Proposed Work: replace windows w/ DH replacement windows, replace all siding, all decking replaced with composite.
Heated SF 1,100 Unheated SF _____
General Contractor Information: Building Cost \$ 88,977 LVP throughout, & painting interior.
Old Mill Remodel + Restoration Telephone (919) 901-4192

Building Contractor's Company Name Old Mill Remodel + Restoration
Address 937 N Brightleaf Blvd Smithfield NC 27577 Telephone 919 901-4192
Signature of Owner/Contractor/Officer(s) of Corporation Ashley Apple Email Address oldmillrandr@gmail.com
License # 81899

Electrical Contractor Information: Electrical Cost \$ 5,400
Description of Work Removal all 4' fluorescent lights installing (56) can lights Service Size: 200 Amps #T-Poles —
Comfort Shield Telephone 919 588 8015

Electrical Contractor's Company Name Comfort Shield Telephone 919 588 8015
Address 937 N Brightleaf Blvd, Smithfield NC 27577 Email Address Service@comfortshieldhvacofnc.com
Signature of Owner/Contractor/Officer(s) of Corporation Ashley Apple License # 11055

Mechanical Contractor Information: Mechanical Cost \$ 1,100
Description of Work Removal of 9 hood vents, each office, abandoning trunk line. # Units 1
Comfort Shield Telephone 919 588 8015

Mechanical Contractor's Company Name Comfort Shield Telephone 919 588 8015
Address 937 N Brightleaf Blvd, Smithfield NC 27577 Email Address Service@comfortshieldhvacofnc.com
Signature of Owner/Contractor/Officer(s) of Corporation Ashley Apple License # 32187

Plumbing Contractor Information: Plumbing Cost \$ 1,900
Description of Work New vanity, faucet & toilet. # Baths 1
Comfort Shield Telephone 919 588 8015

Plumbing Contractor's Company Name Comfort Shield Telephone 919 588 8015
Address 937 N Brightleaf Blvd, Smithfield NC 27577 Email Address Service@comfortshieldhvacofnc.com
Signature of Owner/Contractor/Officer(s) of Corporation Ashley Apple License # 13236

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.



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

12/10/2024

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: _____

Sign w/Title: _____ Date: _____