



*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.

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: David Turner Date: 12/3/24
Site Address: 143 Holly Springs Church Rd Broadway Phone: 984-208-1632
Description of Proposed Work: Boat storage building

General Contractor Information: Building Cost \$ 400,000

David Mitchell Turner
Building Contractor's Company Name

919.928.1104
Telephone

143 Holly Springs Church Rd - 27505
Address

david@newakeboats.com
Email Address

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

Electrical Contractor Information: Electrical Cost \$ 40,000

Description of Work new construction Service Size: _____

License # _____

For All Your Needs LLC
Electrical Contractor's Company Name

40,000
Amps #T-Poles _____

1545 Bud Hawkins Rd Dunn, NC 28334
Address

919.753.3157
Telephone

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

forallyourneedsllc@gmail.com
Email Address

Mechanical Contractor Information: Mechanical Cost \$ 40,000

Description of Work new construction

License # _____

Clear Comfort NC
Mechanical Contractor's Company Name

Units _____
919.737.3102
Telephone

1229 Hilbert Ridge Dr Holly Springs 27540
Address

clearcomfortnc@gmail.com
Email Address

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

Plumbing Contractor Information: Plumbing Cost \$ 20,000

Description of Work new construction

33751
License # _____

Clear Comfort NC
Plumbing Contractor's Company Name

Baths 2
919.737.3102
Telephone

1229 Hilbert Ridge Dr Holly Springs 27540
Address

clearcomfortnc@gmail.com
Email Address

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

Insulation Contractor Information

Thomas Pole Buildings
Insulation Contractor's Company Name & Address

20,000
License # _____

291 Cool Springs Rd. Lillington NC 27546

919.498.5118
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]
Signature of Owner/Contractor/Officer(s) of Corporation

12/3/2024
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.

Sign w/Title: *[Signature]*

Date: 12/3/2024