

*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: Communications Tower Group I LLC Date: 05/09/25

Site Address: 4921 US-401, Fuquay Varina, NC 27526 Phone: (884) 423-6200

Directions to job site from Lillington: Head north/northeast on S. Main St. until you reach McKinney Pkwy.

Take a left on McKinney Pkwy., and travel along McKinney Pkwy. until you reach US-401 N.

Turn left onto US-401 N. and travel for +/- 2.9 miles. The Site will be on the left.

Subdivision: N/A Lot: N/A

Description of Proposed Work: Construction of a 175' (179' with the lightning rod) wireless telecommunications tower.

Heated SF N/A Unheated SF All

General Contractor Information: Building Cost \$ \$140,927.00

Skytel Contractors Inc. 706-216-0963

Building Contractor's Company Name Telephone

331 Grant Road East, Dawsonville, GA 30534 ashley@skytelcontractors.com

Address Email Address

Ashley Wilkins 48774

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

Electrical Contractor Information: Electrical Cost \$ \$14,072.00

Description of Work Tower electrical work Service Size: 600 Amps #T-Poles 0

Skytel Contractors Inc. 706-216-0963

Electrical Contractor's Company Name Telephone

331 Grant Road East, Dawsonville, GA 30534 ashley@skytelcontractors.com

Address Email Address

Ashley Wilkins U.30352

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

By:

Ashley Wilkins

05/09/25

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: SkyTel Contractors, Inc.

Sign w/Title:

Ashley Wilkins

President

Date: 05/09/25