



*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
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: GREATER VISION FELLOWSHIP INC Date: _____
Site Address: 135 DRY CREEK ROAD LILLINGTON, NC 27546 Phone: 919-201-2604
Description of Proposed Work: 40X60 FREE STANDING METAL MULTI-PURPOSE BUILDING

General Contractor Information: Building Cost \$ ~~124,478.00~~ 78,000.00

TERRELL MILLER
Building Contractor's Company Name
2649 OAK GROVE CH RD ANGIER NC 28001
Address
TERRELL MILLER
Telephone
919-201-2604
Email Address
TERRELLMILLER@GMAIL.COM

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

Electrical Contractor Information: Electrical Cost \$ 5,000.00

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

Johnnie K. Mabry Mabrys Elec. Svc
Electrical Contractor's Company Name
731 Mabry Rd Angier, NC
Address
Johnnie K. Mabry
Telephone
919-639-4837

Signature of Owner/Contractor/Officer(s) of Corporation
Email Address
johnnie@mabryelectrical.com

Johnnie K. Mabry
License # _____

Mechanical Contractor Information: Mechanical Cost \$ 25,000.00

Description of Work _____ # Units _____

Beasley's Heating & Air, Inc.
Mechanical Contractor's Company Name
57 W Beasley Ln. Coats, NC
Address
R. Beasley
Telephone
919-894-4248

Signature of Owner/Contractor/Officer(s) of Corporation
Email Address
beasleyshvac@aol.com

R. Beasley
License # _____

R. Beasley
License # _____

Plumbing Contractor Information: Plumbing Cost \$ 12,318.00

Description of Work _____ # Baths _____

Gary Willis Plumbing, Inc.
Plumbing Contractor's Company Name
2858 Bailey Rd. Coats NC 27521
Address
Gary Willis
Telephone
919-894-2987

Signature of Owner/Contractor/Officer(s) of Corporation
Email Address
18659

Gary Willis
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.

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.

Sign w/Title:

Date: