

CentralPermitting@Harnett.org (910) 893-7525 ext:1 420 McKinney Pkwy (physical) PO Box 65 (mailing) Lillington, NC 27546

## **COMMERCIAL BUILDING APPLICATION**

| Site Address: 1365 Sadler Rd Dus<br>Owner: AAIC Properties Phone: 919 337 | 00 PIN: 1537073010, 000                         |
|---|---|
| Owner AAIC Proporties Phone: 919 337                                      | 12445 Email: netruckand trade gamailra          |
| Description of Proposed Work: Illumingted Channel I                       | Herr + CADINET Total Joh Cost \$ 2000           |
| Description of Proposed Work: [1] [QI 11] 100 Christie [1]                | Eliza v (nov vo v lotal Job Cost. \$            |
| GENERAL CONTRACTO   |   |
| * Must be owner or licensed contractor. Address, company                  |   |
| Carolina Sign + Service   | 919 6393475                                     |
| General Contractor's Company Name 7003 Huy 210N. Angre NC                 | Phone  Michele@carolihasignandrewice.com  Email |
| Address   | Email   |
| Cicense # Signature of Owner/Contractor/Officer of Corp.                  | S Building Cost (excluding trades)              |
|   |   |
| ELECTRICAL CONTRAC  | TOR INFORMATION                                 |
| Description of Work: internally illuminated sign                          | Service Size: Amps T-Poles: YES 🗆 NO 🖆          |
| Carolina Sign + Service   | 9196393475                                      |
| Electrical Contractor's Company Name                                      | Phone   |
| 7003 Huy 210N. Angree NC  | Michele @ CArolinesignandervice.com             |
| Address 25159-58-ES   | \$ 280  |
| License # Signature of owner/Contractor/Officer of Corp.                  | Electrical Cost                                 |
| MECHANICAL/HVAC CONTR   | RACTOR INFORMATION                              |
|   |   |
| Description of Work:  | # of Units:                                     |
| Mechanical Contractor's Company Name                                      | Phone   |
| Weetlandar Contractor's Company Name                                      |   |
| Address   | Email   |
| License # Signature of Owner/Contractor/Officer of Corp.                  | \$<br>Mechanical Cost                           |
| PLUMBING CONTRACT   | OR INFORMATION                                  |
| PEOWIBING CONTRACT  | OK INI OKMATION                                 |
| Description of Work:  | # of Baths:                                     |
|   |   |
| Plumbing Contractor's Company Name  | Phone   |
| Address   | Email   |
|   | \$Coot  |
| License # Signature of Owner/Contractor/Officer of Corp.                  | Plumbing Cost                                   |
| INSULATION CONTRAC  | TOR INFORMATION                                 |
|   |   |
| Insulation Contractor's Company Name                                      | Phone   |

**APPLICATION CONTINUES ON BACK** 



## SPRINKER CONTRACTOR INFORMATION

| Sprinkler Contractor's Company Name   | Phone  |  |
|---|--|--|
| Address   | Email  |  |
| License #   | Signature of Owner/Contractor/Officer of Corp.               |  |
| FIRE ALARM CONTRACTOR   | INFORMATION  |  |
| PIKE ALAKIII GONTKAOTOK INI OKIIIATION  |  |  |
| Fire Alarm Contractor's Company Name  | Phone  |  |
| The Alaim Contractor's Company Name   |  |  |
| Address   | Email  |  |
| License #   | Signature of Owner/Contractor/Officer of Corp.               |  |
| Driveway Access - NC Department of Transportation Driveway Access/Permit? YES □ NO □  |  |  |
| I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that by signing below I have obtained all subcontractors permission to obtain these permits 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 all changes. |  |  |
| EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00  | . After 2 years re-issue fee is as per current fee schedule. |  |
|   | 9/24/25  |  |
| Signature of Owner/Contractor/Officer of Corp.  | 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   |  |  |
| Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:   |  |  |
| Has 3 or more employees and has obtained workers' compensation insurance to cover them,   |  |  |
| Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,  |  |  |
| Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,   |  |  |
| Has no more than 2 employees and no subcontractors,   |  |  |
| While working on the project for which this permit is sought and it is und the permit may require certificates of workers' compensation insurance out the work prior to issuange of the permit or at any time during the pe   | coverage from any person, firm, or corporation carrying      |  |
| julie / land  |  |  |
| Signature of Owner/Contractor/Officer of Corp.  | Date   |  |