



*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

Application # _____

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Rudino's PIZZA Date: 3-6-23
Site Address: 1574 N.C Hwy 24/87 CAMERON N.C. 28326 Phone: 910-366-5737
Description of Proposed Work: RESTAURANT

General Contractor Information: Building Cost \$ 20,000
Doug Liggelt Telephone 910-366-5737
Building Contractor's Company Name 7 Crows Nest Whispering Pines Email Address dougliggelt@gmail.com
Address N.C. 28326

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

Electrical Contractor Information: Electrical Cost \$ 10,000
Description of Work RESTAURANT Service Size: _____ Amps #T-Poles _____
GET Electric 123 Telephone 910-605-9154

Electrical Contractor's Company Name _____
Address 295 N Prince Henry Way CAMERON N.C. 28326 Email Address _____

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

Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Plumbing Contractor Information: Plumbing Cost \$ 4,000
Description of Work Gen. Sink install # Baths 2
Woods Plumbing Telephone 910-920-3908

Plumbing Contractor's Company Name _____
Address 1109 Hope Mills Rd. Fayetteville N.C. 28304 Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ 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 <u>3-6-23</u>
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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: _____ # Member Date: 3-6-23

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address N/A

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Gill Security
Fire Alarm Contractor's Company Name

919-598-8700
Telephone

818 Ramsey St. Fay. N.C. 28301
Address

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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

3-2-23
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

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Sign w/Title: [Signature] / Member

Date: 3-2-23