

*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		
Owner's Name: Billy & Peggy Pape	Date: 8-77-23	
Site Address: 124 Er Stewart St. Coats,	V.C, Phone 919 820-1413	
- · A / /	Office	
General Contractor Information: Building Cost \$		
Lanny Banefoot Gen, Contractor	(99) 795-6511	
Building Contractor's Company Name	Telephone C-May	
2763 Johnston Co. Rd, Ang, Ch, N.C, 2750	Telephone 1 Lahny Banotoot 1951@ Com	
Address	Email Address	
Xany tecefool	25487	
Signature of Owner/Contractor Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$	License #	
Description of Work REPOUATION Service Size: 200	Amps #T-Poles Ø	
EXTREME Electric LLC	969-618-919	
Electrical Contractor's Company Name	Telephone	
69 to Lynch AUE, Lillington	PBARIAEXTREMED SMAIL. CON	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation	91453-L License #	
Mechanical Contractor Information: Mechanical Co	st \$ 3200,00	
Description of Work Add Vents	# Units	
DV ADATOMS JAMHVAC	910-897-5501	
Mechanical Contractor's Company Name	Tolonbono	
Address Address	Ч <u>С.</u>	
Address 11 1 0 0	Email Address	
Tent Johnson	11/69	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License # 3000.00	
Description of Work Add 2 bath (fixtures)	# Baths	
	10to 200 200 209 9713	
Plumbing Contractor's Company Name	Telephone	
91 Dusty Lane	Augres plumbing the wood nort con	
Address Physical Physical Address	Email Address	
Then is I Out of	1479	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
Larry Daretat - Gen. Cont.	919-795-6511 Telephone	
Insulation Contractor Information Larry Barefert Gen. Cent. Insulation Contractor's Company Name & Address	Telephone	
2763 Johnston Ca Rd. Angier, N.C. 2781		
*NOTE: General Contractor must fill out and sign the second page of this application		



Sprinkler Contractor's Company Name		Sprinkler Contractor Information	
Signature of Officer(s) of Corporation License # Fire Alarm Contractor's Company Name Telephone	Sprinkler Contractor's Company Name	Telephone	
Fire Alarm Contractor Information Fire Alarm Contractor's Company Name Telephone Address Email Address Email Address Signature of Officer(s) of Corporation 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-purrent fee schedule. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's compensation insurance to cover them. Affidavit for 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	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-purrent fee schedule. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 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			
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-urrent fee schedule. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's Compensation insurance to cover them. 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			
Signature of Officer(s) of Corporation 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 pergurrent fee schedule. 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	Fire Alarm Contractor's Company Name	Telephone	
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. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Affidavit for 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	Address	Email Address	
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. 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	Signature of Officer(s) of Corporation	License #	
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 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	<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?Yes No		
Signature of Owner/Contractor/Officer(s) of Corporation 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	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		
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	\mathcal{O}	9-21-23	
The undersigned applicant being the: General Contractor Owner 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	O de la propriation della prop		
The undersigned applicant being the: General Contractor Owner 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	Affidavit for Worker's Compensation I	N.C.G.S. 87-14	
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			
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	General Contractor Owner Officer/Agent		
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		of the Contractor or Owner	
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	Do hereby confirm under penalties of perjury that the person(s), firm(s)		
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	Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit:	or corporation(s) performing the work	
While working on the project for which this permit is sought it is understood that the Central Permitting	Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' cor Has one (1) or more subcontractors(s) and has obtained workers	or corporation(s) performing the work	
	Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' cordinated. Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy	or corporation(s) performing the work inpensation insurance to cover them. s' compensation insurance to cover	
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: 27-23	Do hereby confirm under penalties of perjury that the person(s), firm(s) set forth in the permit: Has three (3) or more employees and has obtained workers' continued. Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy covering themselves.	or corporation(s) performing the work inpensation insurance to cover them. s' compensation insurance to cover	