*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

Site Address: 107 Carletta Drive, Camera. Directions to job site from Lillington:		<u>6-9622</u>
Subdivision: Description of Proposed Work:		
Description of Proposed Work: Heated SF	Lot:	
Heated SF Unheated SF General Contractor Information: Building (
Building Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Description of Work Fire Blace Testa land Service Service Floring Contractor's Company Name Address Testa land Contractor's Company Name	License # ! Cost \$ Size:Amps #T-Poles 9/0-483-1/96 Telephone	_ Low - Voltag
ignature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechan	Email Address LICENSE # LICENSE #	
escription of Work	# Units	
lechanical Contractor's Company Name	Telephone	
ddress	Email Address	
ignature of Owner/Contractor/Officer(s) of Corporation <u>Plumbing Contractor Information:</u> Plumbing escription of Work	License # Cost \$ # Baths	
umbing Contractor's Company Name	Telephone	- -
idress	Email Address	
gnature of Owner/Contractor/Officer(s) of Corporation	License #	
	tion	

*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 Fire Alarm Co	License #	
Holmas Sacrate		
Fire Alarm Contractor's Company Name	910 - 483 - 1196 Telephone	
127 Hay Street Favetteu	V/e nc	
Address	Email Address	
l'eoge Venul	License #	
Signature of Officer(s) of Corporation	1	
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit?Yes No		
I hereby certify that I have the authority to make ne	cessary application, that the application is correct	
and that the construction will conform to the regu	alations in the Building, Electrical, Plumbing and	
Mechanical codes, and the Harnett County Zoning contractors is correct as known to me and if <u>any</u> ch	Pruntance. I state the information on the above	
number of bedrooms, building and trade plans, Envi	ronmental 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 is charged at full price per current fee schedule.	re-issue fee is \$150.00. After 2 years re-issue fee	
Com / 1/ enuit	7-26-19	
Signature of Owner/Contractor/Officer(s) of Corpora	<u>7-26-19</u> Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:	ompensation N.C.G.S. 87-14	
General Contractor Owner	Officer/Agent of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the set forth in the permit:	person(s), firm(s) or corporation(s) performing the work	
Has three (3) or more employees and has ob	ained workers' compensation insurance to cover them.	
Has one (1) or more subcontractors(s) and hat them.	as obtained workers' compensation insurance to cover	
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: Holmes Sec	erity	
Sign w/Title J. Wennich Tust	Wation MGR Date: 7-26-19	