



2216 W. Hwy. SAN 27330
919-774-0841

*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 # 2216 W. Hwy. SAN 27330
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application # 2216 W. Hwy. SAN 27330
ECON 1902-0003
ECON 1902-0005
919-774-0841

Application for Building and Trades Permit

Owner's Name: VICTORY TABERNAACLE Date: 2-6-19
Site Address: 7330 HWY 27, LILLINGTON, NC Phone: 910 978-6250
Description of Proposed Work: CHANGE OUT TWO 5 TON GAS PACKS AND ONE 5 TON AIR CONDITION

General Contractor Information: Building Cost \$ 42,800.00

JOYNER & DICKENS HEAT & AIR CONDITIONING CO. INC 919-774-6841
Building Contractor's Company Name Telephone
2218 LEE AVENUE, SANFORD, NC 27330 TOMMY@JOYNER-DICKENS
Address Email Address
9369
Signature of Owner/Contractor/Officer(s) of Corporation License # 9369

Electrical Contractor Information: Electrical Cost \$ 375.00 - \$ 80

Description of Work DISCONNECT OLD & RE-CONNEC Service Size: _____ Amps #T-Poles _____
CHANGE OUT 3 HVAC UNITS 919-774-6841
Electrical Contractor's Company Name Telephone
JOYNER & DICKENS HEAT & AIR CONDITIONER CO., INC 919-774-6841
Address Email Address
TOMMY@JOYNER-DICKENS.COM
Signature of Owner/Contractor/Officer(s) of Corporation License # 20461

Mechanical Contractor Information: Mechanical Cost \$ 42,425.00

Description of Work CHANGE OUT 3 HVAC UNITS # Units 3
2 GAS PACKS 5 TON & 1 AIR CONDITIONER 5 TON 919-774-6841
Mechanical Contractor's Company Name Telephone
JOYNER & DICKENS HEAT & AIR, SANFORD, NC 27330 TOMMY@JOYNER-DICKENS.COM
Address Email Address
9369
Signature of Owner/Contractor/Officer(s) of Corporation License # _____

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone
Address 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

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: _____