## Harnett County Central Permitting PO Box 65 Lillington, NC 27546 Telephone Number 910-893-4759

Telephone Number 910-893-4759 McDarolds #3339 (a Darolds Permit Date: 6/27/19 Phone: Directions to job site: Subdivision: \_ Building Use: (Please Check) Construction Type: (Please Check) New Residential Modular Renovation **Commercial** Addition Multi-Family Moved House Description of Proposed Work: REPLACE 2 ROOFTOP HUAC UNITS - 4 ROOFTOP BXHAUST FORMS Total Project Cost: \$ 8,000 **Building Permit Information Building Construction Cost \$** Heated SF Heated SF \_\_\_\_Crawl S Unheated SF \_\_\_\_Slab ( ) Crawl Space () Acres Disturbed Stories Building Contractor's Company Name Telephone Address License # Signature of Officer(s) of Corporation **Electrical Permit Information** Description of Work Electrical Cost \$ TS Pole: Yes () No () Underground () Overheard () Permanent Service: Underground () Overhead () Amps Service Size: Electrical Contractor's Company Name Telephone License # Address Signature of Officer(s) of Corporation Mechanical Permit Information Description of Work flether 2 low \_\_\_ Mechanical Cost \$ 3 👸, 000 -Number of Units \_\_\_\_\_ Type System Looked Mechanical Contractor's Company Name Memorial SvCTelephone 313-549-739% 1827 WALDOWO FILE SQ # 304 License # 2333 0 SCHAUM BURG, ILL. 60173 PORMIT FEE = \$ 500 Signature of Officer(s) of Corporation **Plumbing Permit Information** Description of Work Number of Baths \_ Plumbing Cost \$ Plumbing Contractor's Company Name Telephone

Telephone

Address License #

Signature of Officer(s) of Corporation

Insulation Permit Information

Residential () Other () Not Required ()

Insulation Contractor's Company Name Address

## Sprinkler System Information

Contact Person	
ddress	License #
Signature of Officer(s) of Corporation <u>Fire Alarm System Information</u>	
ire Alarm Contractor's Company Name	Telephone
contact Person	
ddress	License #
Signature of Officer(s) of Corporation <u>Driveway Access</u>	
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 in the above contractors I certify it is my responsibility to notify the Harnett County Inspections Division of any changes.  Signature of Owner/Contractor/Officer(s) of Corporation  Date  Date	
i ii i	Ignature of Officer(s) of Corporation  Fire Alarm System  re Alarm Contractor's Company Name  ontact Person  ddress  Ignature of Officer(s) of Corporation  Driveway Access/Perro  hereby certify that I have the authority to make necessorrect and that the construction will conform to the lumbing and Mechanical codes, and the Harnett Corporation on the above contractors is correct as known to be contractors I certify it is my responsibility to notify any changes.

The undersigned applicant for Building Permit #\_\_\_\_\_\_ being the:

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/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.

Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.

Has/have not 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.

Firm Name:

Date: 06-27-19

License Number 23330

## Aorth Carolina State Board of Examiners of Plumbing, Heating & Fire Sprinkler Contractors

Expiration Date

December 31, 2019

State License No. 23330

Metro Tech Service LLC 13014 N Dale Mabry #270 Tampa, FL 33618

## This is to Certify that:

Douglas Gene Cornell

Douglas Gene Cornell: Heating Group 1 - Class I, Heating Group 2, Heating Group 3 - Class I

Is duly registered, licensed and authorized to engage in the business of

Heating Group 1 - Class I, Heating Group 2, Heating Group 3

Within the State of North Carolina until when this license expires. This authority is granted in accordance with the provisions of Chapter 87, Article 2 of the General Statutes of North Carolina.



Witness my hand and seal of the Board

This 1st day of January 2019

Hypery R. D.

Chairman