



*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

Owner's Name: Tommy Bradford Date: 09/20/19

Site Address: 1538 NC 24/87 Cameron, NC 28326 Phone: 910-484-9091

Description of Proposed Work: Install divider wall, and bathroom with a few outlets.

General Contractor Information: Building Cost \$ 5,800.00

Elmwood Builders, LLC. 910-366-6407
Building Contractor's Company Name Telephone
PO Box 87555 Fayetteville, NC 28304 markmitchell400@gmail.com
Address Email Address
60055

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

Electrical Contractor Information: Electrical Cost \$ 2,850.00

Description of Work Install a few outlets Service Size: 200 Amps #T-Poles _____
Allman Electric Corp. 910-485-8617
Electrical Contractor's Company Name Telephone
345 Wilkes Rd. Fayetteville, NC 28306 admin@allmanelectric.com
Address Email Address
6136-U

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

Mechanical Contractor Information: Mechanical Cost \$ 1,200.00

Description of Work Installing Exhaust fan for oven # Units _____
Mark-Air 910-484-6565
Mechanical Contractor's Company Name Telephone
5127 Raeford Rd. Fayetteville, NC 28304 giv777@aol.com
Address Email Address
15874

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

Plumbing Contractor Information: Plumbing Cost \$ 5,475.00

Description of Work Install water and drain for bathroom and sink # Baths 1
ABC Plumbing Co. 910-323-4060
Plumbing Contractor's Company Name Telephone
217 W. Russell St. Fayetteville, NC 28305 abcplumbingcompany@yahoo.com
Address Email Address
5977

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 _____

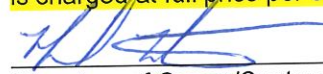
Signature of Officer(s) of Corporation _____

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 _____

20 Sep 19
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:  Director of Operations

Date: 20 Sep 19