



\*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: JORDAN TEMPLE BIBLE CHURCH OF GOD Date: 16 APRIL 2021  
Site Address: 75 JORDAN TEMPLE LANE, LILLINGTON NC Phone: 910-890-2484  
Description of Proposed Work: INTERIOR RENOVATIONS OF SANCTUARY - MRS. CAROLYN BLUE

**General Contractor Information:** Building Cost \$ 80,000.00

JIM GRAVES & ASSOCIATES, INC. Telephone 910-482-8100; CELL 910-237-5267  
Building Contractor's Company Name  
143 MEADOWCROFT DRIVE FAYETTEVILLE, NC 28311 JGANDA@AOL.COM  
Address  
Jim G. M. Email Address 45378  
Signature of Owner/Contractor/Officer(s) of Corporation License # 1?

**Electrical Contractor Information:** Electrical Cost \$ 1500.00

Description of Work RELOCATE MDP - WORKING Service Size: 200 Amps #T-Poles \_\_\_\_\_  
W&E ELECTRIC Telephone 910-850-5495  
Electrical Contractor's Company Name  
575 Lope Rd Red Springs NC 28373 w&e@electricblue.com  
Address  
John W. E. Email Address 196284  
Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Mechanical Contractor Information:** Mechanical Cost \$ 6,000.00

Description of Work RELOCATE DUCTWORK/REGISTERS # Units 2  
ALL AMERICAN HEATING AND AIR Telephone 910-865-9001  
Mechanical Contractor's Company Name  
215 E. Broad St. aa8659001@gmail.com  
Address  
John W. E. Email Address 33359  
Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work REPLUMB EXISTING RENOVATED BATHROOM # Baths 18.75. LR  
T.O. PLUMBING Telephone 910-302-1008  
Plumbing Contractor's Company Name  
P.O. Box 27134 FAY. NC 28314 TEAC@TOPPLUMBINGSERVICE.COM  
Address  
Michael O. O. Email Address P-1 18908  
Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Insulation Contractor Information**

JIM GRAVES & ASSOCIATES, INC. SAME AS ABOVE 910-482-8100; CELL 910-237-5267  
Insulation Contractor's Company Name & Address Telephone

**\*NOTE: General Contractor must fill out and sign the second page of this application**

