

\*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: Harnett County Schools	Date: 5-11-22
Site Address: 2626 Ray Rd. Spring Lake,NC 28390	Phone: 910-893-4808
Description of Proposed Work: Building Mobile Hut (180)	
General Contractor Information: Building Cost \$	
Harnett County School	910-890-0331
Building Contractor's Company Name	Telephone
1500 South Main St. Lillington, NC 27546	rpope@harnett.k12.nc.us
Address	Email Address
Todall line	
Signature of Owner/Contractor Officer(s) of Corporation	License #
Description of Work Wire New Hut Service Size:	2,500
Harnett County Schools	919-499-7640
Electrical Contractor's Company Name	Telephone
1500 South Main. st, Lillington,NC 27546	wwester@harnett.k12.nc.us
Address / Address	Email Address
Hipati	L29742
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Co	
Description of Work Run Duct Work	# Units 1
J & M Heating and Air	910-897-5501
Mechanical Contractor's Company Name	Telephone
724 Turlington Rd, Dunn NC 28334	
Address	Email Address
Lodnoes tea	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost \$	
Description of Work No Plumbing	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
	Lisans #
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
Insulating Inc.	919-772-9000
Insulation Contractor's Company Name & Address	Telephone

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



Sprinkler Contracto	or Information
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation  Fire Alarm Contract	License #
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportatio	n Driveway Access/Permit? Yes No
contractors is correct as known to me and if <a href="mailto:any">any</a> changes number of bedrooms, building and trade plans, Environme changes, I certify it is my responsibility to notify the Harnany and all changes.  Expired Permit Fees - 6 months to 2 years permit re-issuis charged at full price per current fee schedule.	ental Health permit changes or proposed use ett County Central Permitting Department of ue fee is \$150.00. After 2 years re-issue fee
Signature of Owner/Contractor/Officer(s) of Corporation	
Affidavit for Worker's Comp The undersigned applicant being the:	ensation N.C.G.S. 87-14
	Officer/Agent of the Contractor or Owner
Do hereby confirm under penalties of perjury that the persent forth in the permit:	on(s), firm(s) or corporation(s) performing the work
Has three (3) or more employees and has obtained	workers' compensation insurance to cover them.
them. Has one (1) or more subcontractors(s) and has obtained.	ained workers' compensation insurance to cover
Has one (1) or more subcontractors(s) who has the covering themselves.	ir own policy of workers' compensation insurance
Has no more than two (2) employees and no subco	intractors.
While working on the project for which this permit is sough Department issuing the permit may require certificates of of to issuance of the permit and at any time during the permit carrying out the work.	coverage of worker's compensation insurance prio
Sign w/Title:	Date: