

*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: Word Aque Ministries / Vivian Cosdell Date: 1/13/2023
 Site Address: 1503 Denim Drive, ERWIN, NC Phone: 910 797 2340
 Description of Proposed Work: _____

General Contractor Information: Building Cost \$ 15,000

Word Aque Ministries
 Building Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____

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

Electrical Contractor Information: Electrical Cost \$ _____

* Description of Work: See Hologram Service Size: _____ Amps #T-Poles 300⁰⁰
Arthur Craig Williams
 Electrical Contractor's Company Name _____ Telephone 910-627-2697
2744 W. Office Road, Lenoir
 Address _____ Email Address RUTRA@centurylink-NE
Arthur Williams
 Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 2204512

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work: Add 3 new bathroom exhaust fans # Units 3
Service Tech Systems Inc
 Mechanical Contractor's Company Name _____ Telephone (910) 263-1406
1705 Exchange St. Dunn, NC 28834
 Address _____ Email Address McCallen22@gmail.com
William M. Cook
 Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 19409 HS Class 1

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____
Genuine Plumbing Company, LLC
 Plumbing Contractor's Company Name _____ Telephone _____
219 E Sanders St., Four Oaks, NC 27524
 Address _____ Email Address Genuineplumbingco@gmail.com
Matthew ZIN
 Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 34303

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.

William Cogdell
Signature of Owner/Contractor/Officer(s) of Corporation

1/13/2022
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: William Cogdell / Owner

Date: 1/13/2023