

*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 # BCRM.2301.0006

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: J & L Coats, LLC Date: 1-11-2023
Site Address: 302 E. Stewart St., Coats, NC 27521 Phone: (910) 890-3256
Directions to job site from Lillington: take Hwy. 27 to Coats, cross Hwy. 55 towards Benson ... site will be on the right. Enter next to University Storage at 310 N. Orange St., Coats, NC.

Subdivision: N/A Lot: _____

Description of Proposed Work: upfit construction for unit 302 E. Stewart St.
Heated SF 1750 sf. Unheated SF _____

General Contractor Information: Building Cost \$ 11,115

Barefoot Building Company, L.L.C.
Building Contractor's Company Name
P.O. Box 1411, Coats, NC 27521
Address

(910) 890-3256 ✓
Telephone
wrbarefoot@yahoo.com
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

81627
License #

Electrical Contractor Information: Electrical Cost \$ 9,796

Description of Work installation of electrical system Service Size: 200 Amps #T-Poles _____
Reliant Electric and Power
Electrical Contractor's Company Name
222 Normanly Drive, Clayton, NC
Address

(919) 632-6963 ✓
Telephone

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

295884
License #

Mechanical Contractor Information: Mechanical Cost \$ 12,632

Description of Work installation of HVAC system # Units 1
Fayetteville Heating & Air Contractors Inc.
Mechanical Contractor's Company Name
6458 Sangi Ln., Fayetteville, NC
Address

(910) 484-2273
Telephone

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

18408
License #

Plumbing Contractor Information: Plumbing Cost \$ 4,335

Description of Work installation of plumbing system # Baths _____
Fred Arthur Chris Leary, LLC
Plumbing Contractor's Company Name
115 Keyman Drive, Coats, NC
Address

(919) 676-1925
Telephone

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

L. 30173
License #

Insulation Contractor Information

* Installed by Erector
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

10/17/2022
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.

Company or Name: Bowfast Building Company, LLC

Sign w/Title: [Signature], Member/Manager Date: 10/17/2022