



\*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 27548  
910-893-7525 Fax 910-893-2793 www.harnett.org/permits  
**COMMERCIAL**

**Application for Building and Trades Permit**

Owner's Name: U MCA of the Sandhills Date: 2/25/2023  
Site Address: 107 Carlette Cullen Dr Cameron NC 28326 Phone: 910-426-9622  
Description of Proposed Work: Replace 7 1/2 ton heat pumps (2)

**General Contractor Information:** Building Cost \$ \_\_\_\_\_

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 Reconnect UNITS Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

John A. White  
Electrical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Chisholm Electrical Contractors Inc Chisholmelectrico@gmail  
Address \_\_\_\_\_ Email Address \_\_\_\_\_  
P.O. Box 278 West End N.C. 27876 8443-11

Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_  
**Mechanical Contractor Information:** Mechanical Cost \$ 48,743.00

Description of Work Replace 7 1/2 ton heat pump (2) # Units 2  
Fields Plumbing & Heating Co, Inc 910-949-3232  
Mechanical Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

7718 Nalley Rd Conover NC 28327 chawke@fields-plumbing-heating.com  
Address \_\_\_\_\_ Email Address \_\_\_\_\_

Cennithurke cust sec 0670  
Signature of Owner/Contractor/Officer(s) of Corporation \_\_\_\_\_ License # \_\_\_\_\_

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_  
Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Plumbing Contractor's Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address \_\_\_\_\_ Telephone \_\_\_\_\_

called  
3-1-23 @  
9:01A  
mailbox  
full  
3

\*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.

*Lama Klam* \_\_\_\_\_ 2/28/23 \_\_\_\_\_  
 Signature of Owner/Contractor/Officer(s) of Corporation 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: *Lama Klam* Asst Treasurer Date: 2/28/23

# Fields Plumbing and Heating Co., Inc.

POST OFFICE BOX 206 PINEHURST, NORTH CAROLINA 28370 PHONE: (910) 949-3232 FAX: (910) 949-2721  
7718 N.C. HWY. 22 CARTHAGE, NORTH CAROLINA 28327 N.C. LICENSE #670

\*\*\*\*\*FAX MESSAGE\*\*\*\*\*

TO: Weneco Central Permits

DATE: 2/28/23

ATT: \_\_\_\_\_

NUMBER OF PAGES TO FOLLOW:

FROM: Connie Kwik

2

REFERENCE:

FAX #: 910 893 2793

*Permit Application - for  
YMCA of the Sandhills*