



\*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: 03/28/2023  
Site Address: 10637 NC-27, Lillington, NC 27546 Phone: (910)893-4808  
Description of Proposed Work: New Construction

**General Contractor Information: Building Cost \$ 309,680.00**

Cinderella Partners Inc 704-254-~~9000~~ 5002  
Building Contractor's Company Name Telephone  
2318 Katie Leigh Ln, Monroe, NC 28110 hope@cinderellapartners.com  
Address Email Address  
*Hope Wats* 78482  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Electrical Contractor Information: Electrical Cost \$ 16,234.00**

Description of Work: New Electrical Service Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_  
Olive Tree Electnc 910-605-2564  
Electncal Contractor's Company Name Telephone  
420 Chicago Drive Fayetteville NC 28306 ree@ol-elec.com  
Address Email Address  
*[Signature]* 34096  
Signature of Owner/Contractor/Officer(s) of Corporation License #

**Mechanical Contractor Information: Mechanical Cost \$ 18,500.00**

Description of Work: New Mechanical Service # Units 3 Split systems attached to 1 heat pump outside  
J&R HVAC Services Inc 980-729-2655  
Mechanical Contractor's Company Name Telephone  
8112 Dow Rd, Charlotte, NC 28269 jatdlc22@hotmail.com  
Address Email Address  
*Jorge Turcios* 28722  
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

**\*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.

Hope Wata  
Signature of Owner/Contractor/Officer(s) of Corporation

3/30/23  
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: Hope Wata President

Date: 3/30/23