

SITE - 2104-0001

APPROVAL



*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: SEAVIEW CRAB COMPANY / NATHAN KING Date: 8-19-21
Site Address: HM CAGLE DR. CAMERON NC Phone: 910-232-8191
Description of Proposed Work: OPEN AIR SEAFOOD MARKET

General Contractor Information: Building Cost \$ 89,152.00

NICHOLS BUILDINGS INC. Telephone: 910-323-1944
Building Contractor's Company Name
1010 CEDAR CREEK RD. FAY NC 28312 Email Address: NICBLDGS@EARTHLINK.NET
Address
Nathan A. Nichols License #: STOTT
Signature of Owner/Contractor/Officer(s) of Corporation

Electrical Contractor Information: Electrical Cost \$ 7,300.00

Description of Work: NEW SERVICE Service Size: 200 Amps #T-Poles: 1
McCaskill Electrical Telephone: 910-624-4806
Electrical Contractor's Company Name
3288 GLENMORE DR. # MILLS NC 28348 Email Address: JEMKASKILL@GMAIL.COM
Address
John Frank McCaskill President License #: 7927-I
Signature of Owner/Contractor/Officer(s) of Corporation

Mechanical Contractor Information: Mechanical Cost \$ 4,000.00

Description of Work: DUCTLESS SPLIT SYSTEM # Units: 1
KING HEATING AND AIR CONDITIONING Telephone: 919-895-3600
Mechanical Contractor's Company Name
233 WILSON RD. SANFORD NC 27332 Email Address: KINGHTGAR1895@GMAIL.COM
Address
[Signature] License #: 28280
Signature of Owner/Contractor/Officer(s) of Corporation

Plumbing Contractor Information: Plumbing Cost \$ 7,800.00

Description of Work: NEW PLUMBING # Baths: 1
TRINITY PLUMBING COMPANY Telephone: 910-676-8426
Plumbing Contractor's Company Name
1989 WILMINGTON HWY. FAY. NC Email Address: TRINITYPLB@GMAIL.COM
Address
[Signature] License #: 32324
Signature of Owner/Contractor/Officer(s) of Corporation

Insulation Contractor Information

NICHOLS BLDGS. INC. Telephone: 910-323-1944
Insulation Contractor's Company Name & Address
1010 CEDAR CREEK RD. FAY. NC 28312

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

<u>Sprinkler Contractor Information</u>	
N/A Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Fire Alarm Contractor Information</u>	
N/A Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Driveway Access</u> - NC Department of Transportation Driveway Access/Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CAGLE SHEDDING EASTING

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.

Wymon A. News
Signature of Owner/Contractor/Officer(s) of Corporation

8-19-21
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14	
The undersigned applicant being the:	
<input checked="" type="checkbox"/> General Contractor	<input type="checkbox"/> Owner
<input type="checkbox"/> 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:	
<input checked="" type="checkbox"/>	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
<input checked="" type="checkbox"/>	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
<input type="checkbox"/>	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: Wymon A. News President	Date: 8-19-21