

*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
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: CVS Pharmacy Date: 8.22.24
Site Address: 1025 NC 24-87, Cameron Phone: _____
Directions to job site from Lillington: CVS Pharmacy Cameron

Subdivision: _____ Lot: _____

Description of Proposed Work: Refrigeration dike for dike Replacement.

Heated SF _____ Unheated SF _____

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 \$ 1000

Description of Work Reconnect Service Size: 20 Amps #T-Poles 2

Moore's Electrical and Mech

434-546-3201

Electrical Contractor's Company Name _____

Telephone _____

101 Edgewood Ave Altavista VA 24517

wclark@mooreselectric.com

Address _____

Email Address _____

William Clark

U34178

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

License # _____

Mechanical Contractor Information: Mechanical Cost \$ 12,000

Description of Work Walk in cooler condenser + evap. # Units 1

Moore's Electrical and Mech

434-546-3201

Mechanical Contractor's Company Name _____

Telephone _____

101 Edgewood Ave, Altavista VA 24517

wclark@mooreselectric.com

Address _____

Email Address _____

William Clark

32491

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.

William Clark

8.22.24

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.

Company or Name: *Moores Electrical and Mech*

Sign w/Title: *William Clark - service operations mgr* Date: *8.22.24*

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Building Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

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

License # _____

Electrical Contractor Information: Electrical Cost \$ 1000

Description of Work Reconnect Service Size: 20 Amps #T-Poles 2

Moore's Electrical and Mech

434-546-3201

Moore's Electrical and Mech

Telephone

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Address

Email Address

William Clark

32491

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 _____

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