

\*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 # 11-50026407

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

**COMMERCIAL**

**SCANNED**  
MAR 08 2018

**Application for Building and Trades Permit**

Owner's Name: NAT MUNC MEST SUK Date: \_\_\_\_\_

Site Address: 1919 Highway 24 Cameron Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 919-395-8474

Hembra, c/c Construction Telephone

Building Contractor's Company Name 919.395.8474

Address David E. Sisk Email Address 77140

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

**Electrical Contractor Information:** Electrical Cost \$ 15,000

Description of Work \_\_\_\_\_ Service Size: \_\_\_\_\_ Amps #T-Poles \_\_\_\_\_

Electrical Service + repair Telephone 919-365-4722

Electrical Contractor's Company Name \_\_\_\_\_

Address David E. Sisk Email Address 26120

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

**Mechanical Contractor Information:** Mechanical Cost \$ 38,000.00

Description of Work INSTALL 4 SPLIT HEAT PUMPS # Units 4

3-5.0 TONS 1-3.0 TON Telephone 919-628-2183

Mechanical Contractor's Company Name D & H HVAC LLC 23 Email Address DDAVIS@d-h-hvacllc.com

Address 2113 Belford Dr Sanford NC 27330 Email Address 23371

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

**Plumbing Contractor Information:** Plumbing Cost \$ 14000

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Wagner Plumbing Telephone 910.890.2299

Plumbing Contractor's Company Name 555 Tirzah Dr. Lillington 27546

Address David E. Sisk Email Address 31576

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

**Insulation Contractor Information**

Hembra Construction

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.

Dan E. Sutherby  
Signature of Owner/Contractor/Officer(s) of Corporation

3-8-18  
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: Nembroek Construction

Sign w/Title: Dan E. Sutherby

Date: 3-8-18