

*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.

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

Application # BCOM1905-0001
ECOM1905-0003
MCOM1905-0001
PCOM1905-0001
IRIS1905-0001
Date: _____

Application for Building and Trades Permit

Owner's Name: Greater Light Baptist Church
Site Address: Matthews Rd Lillington NC 27546 Phone: 919-795-0565
Directions to job site from Lillington: Hwy 210 towards Angier turn left
onto Matthews Rd about 1/8 mile on left

Subdivision: _____ Lot: _____

Description of Proposed Work: New Const

Heated SF 3,500 Unheated SF _____

General Contractor Information: Building Cost \$ 240,000.00

Pastor James O'Brien 919-795-0565
Building Contractor's Company Name Telephone

Address _____ Email Address _____

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

Electrical Contractor Information: Electrical Cost \$ 17,500.00

Description of Work New Const Service Size: 400 Amps #T-Poles

Mabry's Electrical 919-868-6012
Electrical Contractor's Company Name Telephone

731 Mabry Rd Angier NC 27501
Address _____ Email Address _____

150774

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

Mechanical Contractor Information: Mechanical Cost \$ 19,500.00

Description of Work New Const # Units 2

J. M. Heatings & A/C 910-897-5501
Mechanical Contractor's Company Name Telephone

724 Turlington Rd Dunn NC 28334
Address _____ Email Address _____

17164

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

Plumbing Contractor Information: Plumbing Cost \$ 15,000.00

Description of Work New Const # Baths 2

Jason Barefoot Plumbing 910-514-0781
Plumbing Contractor's Company Name Telephone

5476 T. motley Rd Dunn NC 28334
Address _____ Email Address _____

20694 P-1

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

Insulation Contractor Information

Insulating Inc 5902 Fayetteville Rd Raleigh NC 27603 919-772-9000
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.



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: Greater Light Baptist Church James O'Brien

Sign w/Title:  Date: 5-2-19