*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 #

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

COMMERCIAL

Harnett County Central Permitting

Application for Building and Trades	Permit Promisons
Owner's Name: Corbin Sorrells	TRES 1990/15/1901
Site Address: 490 Chestofield Lake Rd	Phone: 919 639 4328
Directions to job site from Lillington: Go on 210 Town	d Angler Torn
Right on Matthews Mill David 1	Ed torm Left
	g Ve
Subdivision:	Lotte
Description of Proposed Work: Add 23 \$10" x 70'9" to o.	reside 12'7" x 23'10" to at
Heated SE 1368 Upheated SE	
General Contractor Information: Building Cost \$	88,000,00
TUL CONSTIUTION LLC	(9/9) 624 8943
Building Contractor's Company Name	Telephone
15 Rawls Rd Angiur NC 27501	Nate henre 1230 g-mail
Address	Email Address 7/783
Signature of Owner/Contractor/Officer(s) of Corporation	License#
Electrical Contractor Information: Electrical Cost	\$ 5,500
Description of Work Addition to builden Service Size:	
Dason E BYRD Electrical	919-612-8533
Electrical Contractor's Company Name	Telephone
825 Neils Crack Road	For all Address
Lillington NC	Email Address 22847
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical C	ost \$ 6,000
Description of Work install new Auge to Buildons	# Units
BAJ Heat And Aur Service	910 893 8057
Mechanical Contractor's Company Name	Telephone
P.O Box 737 Buies Crack NC 77506	
Address	Email Address
	20380
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost	License #
Description of Work Plumbing one by fu room	# Baths
Black River Plumbing	(910) 527 4741
Plumbing Contractor's Company Name	Telephone
6250 baretast rd wade NC 28395	relephone
Address	Email Address
Milhuro Beren	32506
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
PDL construction (10	(919) 624/8943
nsulation Contractor's Company Name & Address	Telephone

Sprinkler Contractor Information		
Sprinkler Contractor's Company Name	Telephòne	
Addition	Email Address	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
Fire Alarm Contractor Info	ormation	
Fire Alarm Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation	License #	
Driveway Access - NC Department of Transportation Drive	eway 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 <u>any</u> 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 charged at full price per current fee schedule.	is \$150.00. After 2 years re-issue fee	
9/1 An 97 ann	4/11/18	
Signature of Owner/Contractor/Officer(s) of Corporation	Date	
Affidavit for Worker's Compensat	tion 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 provering themselves.	policy of workers' compensation insurance	
Has no more than two (2) employees and no subcontractor	rs.	
While working on the project for which this permit is sought it is ur Department issuing the permit may require certificates of coverag to issuance of the permit and at any time during the permitted work carrying out the work.	e of worker's compensation insurance prior	
Company or Name: PDL CausLin From	LLC	
Sign w/Title: 92011117		