

*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: JORDAN TEMPLE BIBLE CHURCH OF GOD	Date: 16 APMLEON	
Site Address: 75 JORDAN TEMPLE LANE, LILLINGTON	INC Phone: 910-890-2484	
Description of Proposed Work: FNTERIOR REVOLATIONS OF SANGUARLY - MRS. CAROLYN BLUE		
General Contractor Information: Building Cost \$ 20,000.00		
Jim GRAVES & ASSOCIATES, INC.	90.482-8100; CET1910237-5267	
Building Contractor's Company Name	Telephone	
143 MENDOWCROFT DRIVE LAYETTEVILLE, NC 26311	JGANDAINC @AUL.COM	
Address My -	Email Address 45378	
Signature of Owner/Contractor/Officer(s) of Corporation	License # / ?	
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$	4500,00	
Description of Work REGEATE MOP WIGHT Service Size: 100	Amps #T-Poles	
Electrical Contractor's Company Name	710-850-5495 Telephone	
575 Cope Ru Ru Spring Mary Mars	1 01	
Address /	Email Address	
Addit of	196284	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Mechanical Contractor Information: Mechanical Cost \$ 6,000.00		
Description of Work RELOCATE DUTWIRLY REGISTERS	# Units	
	910-865-9001	
Mechanical Contractor's Company Name	Telephone	
215 E. Broad St.	aa8659001@gmail.com	
Address	Email Address	
(1/0/5/	33359	
Signature of Owner/Contractor/Officer(s) of Corporation	License # 6908	
Description of Work NET WIND EXISTING REVOIDED BATTHEON		
1-0. Plumbing		
Plumbing Contractor's Company Name	910-302-1008 Telephone	
Pa. Roy 2718# FAY. NC 28314	TEMOTOPLUMBINGSERVICE CC	
Address	Email Address	
Messle ala	P-1 18908	
Signature of Owner/Contractor/Officer(s) of Corporation	License #	
Insulation Contractor Information		
JIM GRAVES & AGSOCIATES TWO GAME AS ABOUT	900 482-8100; CEIL 900-237-5267	
Insulation Contractor's Company Name & Address	Telephone	

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



Sprinkler Contractor Information		
MA		
Sprinkler Contractor's Company Name	Telephone	
Address	Email Address	
Signature of Officer(s) of Corporation License # Fire Alarm Contractor Information		
Fire Alarm Contractor information		
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?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		
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.		
carrying out the work. Sign w/Title: August 1 PHE DENT	Date: 16 APAIC 2021	