

*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: Circle K _____ Date: 12/13/21
Site Address: 14591 NC 27, sanford ,nc _____ Phone: 919-498-4196
Directions to job site from Lillington: take main street to hwy 27 west then to circle k at the corner of buffalo lake roa

Subdivision: _____ Lot: _____
Description of Proposed Work: install hub drain and filter water line for addition of new oven
Heated SF 4,000 _____ 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 \$ _____
Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
Plumbing Contractor Information: Plumbing Cost \$ 2,000.00
Description of Work install hub drain and filter water line for oven addition # Baths _____

Dalrymple Plumbing
Plumbing Contractor's Company Name _____ Telephone _____
4423 Lee Avenue, Sanford, NC _____ 919-498-4196
Address _____ Email Address _____
Dalrymple _____ dna4423@gmail.com
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.

David Dalrymple
Signature of Owner/Contractor/Officer(s) of Corporation

12/13/21
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: Dalrymple Plumbing

Sign w/Title: David Dalrymple owner Date: 12/13/21