

*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.

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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: J & L Manufacturing				
Site Address: 252 Jarco Dr Fuquay NC 27521	Phone: 919 567 0706			
Description of Proposed Work: Interior upfit to existing building	***************************************			
General Contractor Information: Building Cost \$ 4	11,000			
RLC Construction Company, Inc.	910 230 1969			
Building Contractor's Company Name	Telephone			
1701 Hobson Rd. Dunn NC 28334	rcruse@cruseassociates.com			
Address	Email Address			
Boy Here Mes	52721			
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost \$	License #			
Description of Work Upfit wiring Service Size: 400	Amps #T-Poles 3			
Engineered Control Solutions Inc	9195670706			
Electrical Contractor's Gompany Name	Telephone			
230 Jarco Dr. Fuquay NC/27526	Jim.thomas@ECScontrols.net			
Address	Email Address			
	U.19504			
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost	License # at \$ 35000			
Description of Work Split system heat pumps	# Units 2			
Engineered Control Solutions Inc	9195670706			
Mechanical Contractor's Company Name	Telephone			
230 Jarco Dr. Fuquey NC 27526	jim.thomas@ECScontrols.net			
Address	Email Address			
<u> </u>	18347			
Signature of Owder/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License # /2,000-00			
Description of Work Upfit plumbing	# Baths 1			
Celey's Quality Service LLC	9199381127			
Plumbing Contractor's Company Name	Telephone			
636-6B Old Roberts Rd. Benson NC 27504	schedule@celeys.com			
Adduess	Email Address			
Jora Colhille	32853			
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	<u>.</u>			
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 #			
<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. Page Pag				
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				
Sign w/Title: Ray Ray	Date: 12/23/2/			