

*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
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: CDT AUTOMOTIVE Date: 8/25/22
Site Address: 62 PROGRESS DR FURQUAY VARIANA Phone: 919 698 1178
Directions to job site from Lillington: 401 N , 42 W IN FURQUAY TO DUNCAN

Subdivision: COMMERCIAL Lot: _____

Description of Proposed Work: ADDITION TO SHOP
Heated SF 4,000 Unheated SF _____

General Contractor Information: Building Cost \$ \$210,000
T2 CONTRACTING INC Telephone 919 552-2018

Building Contractor's Company Name _____
180 WOODMILL LN FURQUAY Address _____
[Signature] License # _____
Email Address FLOYDTR@GMAIL.COM
67054

Signature of Owner/Contractor/Officer(s) of Corporation _____
Electrical Contractor Information: Electrical Cost \$ 72,809
Description of Work ADDITION Service Size: 200 Amps #T-Poles _____

POWERMASTER ELECTRIC Telephone 919 557 4477
Electrical Contractor's Company Name _____
7621 PURFOY RD FURQUAY Address _____
[Signature] License # _____
Email Address HALL@HFARTHING@POWERMASTERELECTRIC.COM
U.13673

Signature of Owner/Contractor/Officer(s) of Corporation _____
Mechanical Contractor Information: Mechanical Cost \$ 71,000
Description of Work _____ # Units _____

QUALITY AIR SERVICE NC, LLC Telephone 919 662-0869
Mechanical Contractor's Company Name _____
5208 SPRING FARM RD RALEIGH NC 27603 Address _____
[Signature] License # _____
Email Address QASNC22@GMAIL.COM
L35278

Signature of Owner/Contractor/Officer(s) of Corporation _____
Plumbing Contractor Information: Plumbing Cost \$ 20,000
Description of Work 1 BATHROOM # Baths 5 FIXTURES

CAMDEN PLUMBING Telephone 919 557-1584
Plumbing Contractor's Company Name _____
7229 OAK VILLAGE WAY Address _____
[Signature] License # _____
Email Address CAMDENSPUMBINGR@AOL.COM
L18903

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

J+D SPRINKLER
Sprinkler Contractor's Company Name
315 W MAIN ST CLAYTON NC
Address

919 553 2356
Telephone
Jim@JDSPRINKLER.COM
Email Address
L116289
License #

Signature of Officer(s) of Corporation

Fire Alarm Contractor Information

POWERMASTER ELECTRIC
Fire Alarm Contractor's Company Name
7621 Purfoy RD FURMAN
Address
Signature of Officer(s) of Corporation

919 557 4477
Telephone
HEALTH@POWERMASTERELECTRIC.COM
Email Address
W13673
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]
Signature of Owner/Contractor/Officer(s) of Corporation

8/25/22
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: T2 CONSTRUCTION INC

Sign w/Title: [Signature] PRESIDENT Date: 8/25/22