



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 85 Lillington NC 27548
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Harnett County Schools Date: 03/28/2023

Site Address: 2911 Harnett Central Rd, Angier, NC 27501 Phone: (910)893-4808

Description of Proposed Work: New Construction

General Contractor Information: Building Cost \$ 325,330.63

Cinderella Partners Inc 704-254-5003

Building Contractor's Company Name Telephone

2318 Katie Leigh Ln, Monroe, NC 28110 hope@cinderellapartners.com

Address Email Address

Hope Nuts 78482

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 16,446.00

Description of Work: New Electrical Service Service Size: 100 Amps #T-Poles 0

Olive Tree Electric 910-605-2564

Electrical Contractor's Company Name Telephone

420 Chicago Drive Fayetteville NC 28306 reee@ot-elec.com

Address Email Address

[Signature] 34096

Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 19,580.00

Description of Work: New Mechanical Service # Units 4 Split Systems attached to 1 heat pump outside

J&R HVAC Services Inc 980-729-2655

Mechanical Contractor's Company Name Telephone

8112 Dow Rd, Charlotte, NC 28269 jatdlc22@hotmail.com

Address Email Address

Jorge Turcios 28722

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ 14,000.00

Description of Work: New Plumbing Service # Baths 2

Woods Plumbing LLC 910-920-3908

Plumbing Contractor's Company Name Telephone

1109 Hope Mills Rd, Fayetteville, NC 28304 woodsplumbingllc@gmail.com

Address Email Address

[Signature] 33076

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.

_____ <i>Here Wats</i> Signature of Owner/Contractor/Officer(s) of Corporation	_____ <i>3/31/23</i> Date
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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: <i>Here Wats</i>	Date: <i>3/31/23</i>
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