

*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: T & L Coats, LLC Date: 1-5-24
Site Address: 308-314 E. Stewart St., Coats, NC Phone: 910-890-3256
Directions to job site from Lillington: take Hwy. 27 to Coats, cross Hwy. 55 towards Benson ... site will be on the right

Subdivision: N/A Lot: _____

Description of Proposed Work: upfit construction for units - 308-314 E. Stewart St.

Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ 22,000

Barefoot Builders Company, LLC
Building Contractor's Company Name

910-890-3256
Telephone

Po Box 1411, Coats, NC 27521
Address

wrbarefoot@yahoo.com
Email Address

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

License # _____
Electrical Contractor Information: Electrical Cost \$ 20,000

Description of Work: installation of electrical system Service Size: 200 Amps #T-Poles _____

Reliant Electric and Power
Electrical Contractor's Company Name

(919) 632-6863
Telephone

222 Normandy Drive, Clayton, NC
Address

Email Address
295884

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

License # _____
Mechanical Contractor Information: Mechanical Cost \$ 24,000

Description of Work: installation of HVAC system # Units _____

J & M Meathy & Air Condition Co., INC
Mechanical Contractor's Company Name

(910) 897-5501
Telephone

724 Turpin Road, Dunn, NC 28334
Address

Email Address
L. 17164

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

License # _____
Plumbing Contractor Information: Plumbing Cost \$ 10,000

Description of Work: installation of plumbly system # Baths 2

Herry Plumber, LLC
Plumbing Contractor's Company Name

Telephone
28364

1080 Reedy Prong Church Rd., Newton Grove, NC
Address

Email Address
36262

[Signature]
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.



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

1/5/24

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.

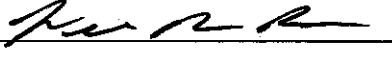
_____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Bonfort Builders Company, LLC

Sign w/Title:  Member/Manager Date: 1/5/24



Initial Application Date: _____

Application # _____

DRB # _____ CU # _____

COMMERCIAL

COUNTY OF HARNETT LAND USE APPLICATION

Central Permitting (Physical) 420 McKinney Pkwy, Lillington, NC 27546 (Mailing) PO Box 65 Lillington NC 27546 Phone: (910) 893-7525 opt # 1 Fax: (910) 893-2793 www.harnett.org/permits

LANDOWNER: T & L Coats, LLC Mailing Address: 1165 Sommerville Park Rd.

City: Raleigh State: NC Zip: 27603 Contact # 910-890-3256 Email: wrbarefoot@yahoo.com

APPLICANT*: - Same - Mailing Address: _____

City: _____ State: _____ Zip: _____ Contact # _____ Email: _____

*Please fill out applicant information if different than landowner

CONTACT NAME APPLYING IN OFFICE: Robert Barefoot Phone # (910) 890-3256

Address: 308-314 E. Stewart St., Coats, NC PIN: 0690-95-3453.000

Zoning: _____ Watershed: _____ Flood: _____ Deed Book Page: _____

Setbacks - Front: _____ Back: _____ Side: _____ Corner: _____

PROPOSED USE:

Multi-Family Dwelling No. Units: _____ No. Bedrooms/Unit: _____

Business Sq. Ft. Retail Space: 3500 Type: Fitness Center/Gym # Employees: _____ Hours of Operation: _____

Daycare # Preschoolers: _____ # Afterschoolers: _____ # Employees: _____ Hours of Operation: _____

Industry Sq. Ft: _____ Type: _____ # Employees: _____ Hours of Operation: _____

Church Seating Capacity: _____ # Bathrooms: _____ Kitchen: _____

Accessory/Addition/Other (Size _____ x _____) Use: _____

Water Supply: County _____ Existing Well _____ New Well (# of dwellings using well _____) *Must have operable water before final
(Need to Complete New Well Application at the same time as New Tank)

Sewage Supply: _____ New Septic Tank _____ Expansion _____ Relocation _____ Existing Septic Tank County Sewer
(Complete Environmental Health Checklist on other side of application if Septic)

Comments: _____

If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided.

Robert Barefoot
Signature of Owner or Owner's Agent

1/5/24
Date

****This application expires 6 months from the initial date if permits have not been issued****

RECORDED DEED (OR OFFER TO PURCHASE) AND PLAT ARE REQUIRED WHEN APPLYING FOR LAND USE APPLICATION

*****It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.*****