

\*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: Davis Don Trustee & Antioch Pentecostal Free Will Baptst Chrch Date: \_\_\_\_\_

Site Address: 494 Antioch Church Road Dunn, NC 28334 Phone: \_\_\_\_\_

Directions to job site from Lillington: \_\_\_\_\_

At intersection of Warren Rd & Antioch Church Rd

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: Building Addition

Heated SF 11,755 Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 750,000

Denning Contracting Company Building Contractor's Company Name Telephone 919-912-0112

PO Box 338 Benson NC 27504 Address Email Address blake@denningcontracting.com

Bill W. Denning Signature of Owner/Contractor/Officer(s) of Corporation License # 76686

**Electrical Contractor Information:** Electrical Cost \$ 12,000

Description of Work \_\_\_\_\_ Service Size: 1200 Amps #T-Poles NA

Brian Johnson Electrical Company LLC Electrical Contractor's Company Name Telephone \_\_\_\_\_

2490 Hobson Rd Dunn 29334 Address Email Address 17872L

Brian Johnson Signature of Owner/Contractor/Officer(s) of Corporation License # \_\_\_\_\_

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Units \_\_\_\_\_

Stephenson Heating & Air Mechanical Contractor's Company Name Telephone 919-329-0686

343 Shipwash Dr Garner, NC 27529 Address Email Address stephensonhvac@aol.com

David Garner Signature of Owner/Contractor/Officer(s) of Corporation License # 19644

**Plumbing Contractor Information:** Plumbing Cost \$ \_\_\_\_\_

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_

Jeremy Wilkiford Plumbing Plumbing Contractor's Company Name Telephone 919-415-0533

865 Jernigan Loop Road Dunn NC Address Email Address NA

Jeremy Wilkiford Signature of Owner/Contractor/Officer(s) of Corporation License # 30747

**Insulation Contractor Information**

McPhail Structures Insulation Contractor's Company Name & Address Telephone 910-990-3725

\*NOTE: General Contractor must fill out and sign the second page of this application

**Sprinkler Contractor Information**

Carolina Fire Protection Inc

Sprinkler Contractor's Company Name

4055 Hodges Chapel Rd Dunn NC 28334

Address

[Signature]

Signature of Officer(s) of Corporation

Telephone

Email Address

FS-23769

License #

**Fire Alarm Contractor Information**

Wood Electronic Systems Company

Fire Alarm Contractor's Company Name

PO Box 58 Benson, NC

Address

[Signature]

Signature of Officer(s) of Corporation

Telephone

Email Address

29605

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

8/23/24  
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: Denning Contracting Company

Sign w/Title: [Signature] President Date: 8/23/24