

*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: HARMONY Baptist Church Date: _____

Site Address: 3566 NC 210, Bunnlevel NC 28323 Phone: _____

Directions to job site from Lillington: About 3 mile from Lillington on Right

Subdivision: _____ Lot: _____

Description of Proposed Work: Building a multipurpose Building

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ 450,000⁰⁰ 300,250⁰⁰

RA GREGORY Builders

Building Contractor's Company Name

1948 NC 27W Lillington NC 27546

Address

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

910-984-6932

Telephone

Email Address

75957

License #

Electrical Contractor Information: Electrical Cost \$ 35,000
Description of Work Service will feed from existing building Service Size: 200 Amps #T-Poles _____

R.A. GREGORY Electric

Electrical Contractor's Company Name

1948 NC 27W, Lillington NC 27546

Address

Ruby C. Lyons
Signature of Owner/Contractor/Officer(s) of Corporation

Telephone

Email Address

U. 2717

License #

Mechanical Contractor Information: Mechanical Cost \$ 52,000⁰⁰

Description of Work Install new Heat pumps/Gas # Units 3

Jimmy Hall, Inc

Mechanical Contractor's Company Name

5203 US Hwy 309 S, Hope Mill NC 28348

Address

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

Telephone

Email Address

14953

License #

Plumbing Contractor Information: Plumbing Cost \$ 32,750⁰⁰

Description of Work Install new Bathrooms/Kitchen # Baths 2

JASON BAREFOOT

Plumbing Contractor's Company Name

5476 Timothy Rd. Dixie NC 28334

Address

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

Telephone

Email Address

20694-P1

License #

Insulation Contractor Information

Cumberland Insulation Co

Insulation Contractor's Company Name & Address

910-484-7118

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 _____

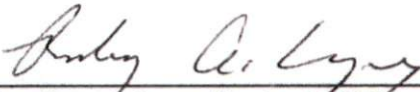
Signature of Officer(s) of Corporation _____

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 _____

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: R.A. Gregory Builders

Sign w/Title: Andy C. Lyng Date: _____