

*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 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: HM's Kids, Inc. Date: 10/30/19
Site Address: 107 Carletta Cagle Dr. Cameron NC 28326 Phone: 910 824 0503
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Replace faces on 2 cabinets on road sign
install wall system + wall signs on building

Heated SF _____ Unheated SF _____ Building Cost \$ 8375.00
Sign - General Contractor Information: 910 485 7200

Blashfield Sign Co. Inc
Building Contractor's Company Name 28301
303 Williams St. Fayetteville NC
Address

Telephone
Email Address reception@bcsignage.com

Matt [Signature]
Signature of Owner/Contractor/Officer(s) of Corporation
Description of Work _____ Electrical Contractor Information: Electrical Cost \$ _____
Service Size: _____ Amps #T-Poles _____

License # _____

Electrical Contractor's Company Name _____
Address _____

Telephone _____
Email Address _____

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

License # _____

Mechanical Contractor's Company Name _____
Address _____

Telephone _____

Signature of Owner/Contractor/Officer(s) of Corporation _____
Description of Work _____ Plumbing Contractor Information: Plumbing Cost \$ _____
Baths _____

License # _____

Plumbing Contractor's Company Name _____
Address _____

Telephone _____

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 _____

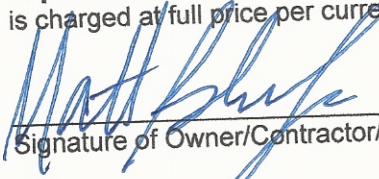
Signature of Officer(s) of Corporation _____

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 _____

30 Oct 2019
Date _____

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

^{Sign} 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.

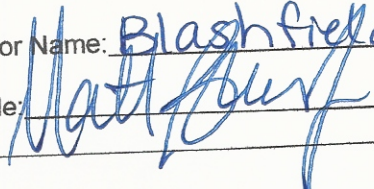
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: Blashfield Sign Co. Inc.

Sign w/Title:  President Date: 10/30/19