

*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

Application for Building and Trades	<u> Permit</u>
Owner's Name: Boddie Nocu Enterprises	Date: 7-27-2020
Sile Address: 2/4/ NC 87 5 (Amoron	M(C Dhans (221) 790 1/100
Description of Proposed Work: Signs V Chire Yne	un Canacia & Annica C
General Contractor Information: Building Cost \$	18 15 5
Allen a Industries a par	18,000.00
AllEN alndustries alno Building Contractor's Company Name	Telephone
Building Contractor's Company Name (434 Burnt Poplar Rd Gleinsbord Address	hea sa mit Calution Quelon co
Address	Email Address
Wester B 7 111	10 / 74100
Signature of Owner/Contractor/Officer(s) of Corporation	License # 771
Signature of Owner/Contractor/Officer(s) of Corporation Electrical Contractor Information: Electrical Cost Description of Work Description of Work	\$_400.00
Description of Work Connect Signs Onlyservice Size: All FW Oundustries Olive	Arrips #1-Poles
Electrical Contractor's Company Namo	(334) 799-4670 Telephone
10434 Burnt foplar Rd Grenstono	leader in the first and the comme
Address	Me permit solutions equitor.
David I all	07782
Signature of Owner/Contractor/Officer(s) of Corporation	license #
Mechanical Contractor Information: Mechanical Co	sst \$
Description of Work	_# Units
Mechanical Contractor's Company Name	Telephone
Add	
Address	Email Address
Signature of Owner/Control 1955	
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License #
Description of Work	
DOSCHIPTION OF VVOIK	# Baths
Plumbing Contractor's Company Name	
y samuels of sampany Name	Telephone
Address	Facel Add
	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LICETISE #
Insulation Contractor Information	
Insulation Contractor's Company No. 2 4 11	
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. 1-27-2020		
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.	Date: 7-27-2020	