



*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: TROPICAL SMOOTHIE CAFE - FELICIA BANKS Date: 3/19/21
Site Address: 1546 NC HWY 24/87 CAMERON, NC 28826 Phone: 804-405-6866
Description of Proposed Work: MANUFACTURE AND INSTALL RACEWAY MOUNTED LETTERS AC SIGN

General Contractor Information: Building Cost \$ 2,500.00

Purish Signs & Service, INC
Building Contractor's Company Name

Telephone

PO BOX 766, Tazewell, NC 28376

910-875-6121

Address

Email Address

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

MBASS@PURISHSIGNS.COM

License #

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work _____ Service Size: _____ Amps #T-Poles _____

Electrical Contractor's Company Name

Telephone

Purish Signs & Service, INC

910-875-6121

Address

Email Address

PO BOX 766, Tazewell, NC 28376

MBASS@PURISHSIGNS.COM

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

License # SP. ES. 31026

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work _____ # Units _____

Mechanical Contractor's Company Name

Telephone

Address

Email Address

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name

Telephone

Address

Email Address

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**

Reconnect to existing power

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 3/9/21 |
|---|---|

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.

| | |
|--|---|
| Sign w/Title:  Sales _____ | Date: 3/9/21 |
|--|---|