



*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: ARUNA LLC Date: 04/10/2021

Site Address: 9101 US 401 N Fuquay Varina, NC 27526 Phone: _____

Description of Proposed Work: installation of 24' x 72' and removal of 2nd freestanding sign (Chalybeate Springs CM)

General Contractor Information: Building Cost \$ 49,884

Phillips Aluminum Co, Inc 704-487-7969

Building Contractor's Company Name Telephone

3032 Polkville Rd Shelby, NC 28150 calvin@phillipsaluminum.com

Address Email Address

Calvin Phillips 47380

Digitally signed by Calvin Phillips
DN: cn=Calvin Phillips, c=US, o=Phillips Aluminum Co., Inc,
email=calvin@phillipsaluminum.com
Date: 2021.04.13 15:44:54 -0400

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

Electrical Contractor Information: Electrical Cost \$ 12,000

Description of Work lighting and fuel dispensers Service Size: _____ Amps #T-Poles _____

Royal Electric of Critz 407-834-2346

Electrical Contractor's Company Name Telephone

1384 Mill Creek Rd Critz, VA 24082 bferguson1384@yahoo.com

Address Email Address

_____ 20342U

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

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**

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.

Calvin Phillips

Digitally signed by Calvin Phillips
DN: cn=Calvin Phillips, o=US, ou=Phillips Aluminum Co., Inc,
email=calvin@phillipsaluminum.com
Date: 2021.04.13 15:45:56 -0400

Signature of Owner/Contractor/Officer(s) of Corporation	Date
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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: Calvin Phillips	Date: _____
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Digitally signed by Calvin Phillips
DN: cn=Calvin Phillips, o=US, ou=Phillips Aluminum Co., Inc,
email=calvin@phillipsaluminum.com
Date: 2021.04.13 15:46:25 -0400