

*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.hamett.org/permits COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Sheetz, Inc.	Date: 5/19/21
Site Address: 2201 NC 24-87 Cameron NC 28326	Phone:
Description of Proposed Work: Sheetz Carwash Signs	
General Contractor Information: Building Cost \$	7,000.00
Blair Image Elements	814-283-2048
Building Contractor's Company Name	Telephone
5107 Kissell Avenue Altoona, PA 16601	dshevock@blairimage.com
Address Dave Shevock Date: 2021.05.19 11:09:48 -04'00'	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Electrical Cost \$	
Description of Work Service Size:	
Coates Electric of Wilmington, Inc.	(910) 791-8600
Electrical Contractor's Company Name	Telephone
7217 Ogden Business Park, Unit 114 Wilmington NC 28404	rodney@coateselectricnc.com
Address	Email Address
Folder / gutte	U.12816
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical Cost	License # st \$
Description of Work	# Units
Mechanical Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation Plumbing Contractor Information: Plumbing Cost \$	License #
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	
Address		
Signature of Officer(s) of Corporation License # <u>Fire Alarm Contractor Information</u>		
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?		
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 <u>any</u> 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.		
-tom Anatri Sheetz, Inc.	5/27/21	
Signature of Owner/Contractor/Officer(s) of Corporation Date		
Affidavit for Worker's Compensation N The undersigned applicant being the:	.C.G.S. 87-14	
	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:		
set forth in the permit:	or corporation(s) performing the work	
set forth in the permit: Has three (3) or more employees and has obtained workers' com		
	pensation insurance to cover them.	
Has three (3) or more employees and has obtained workers' com Has one (1) or more subcontractors(s) and has obtained workers	pensation insurance to cover them.	
Has three (3) or more employees and has obtained workers' com Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy of	pensation insurance to cover them.	
Has three (3) or more employees and has obtained workers' com Has one (1) or more subcontractors(s) and has obtained workers them. Has one (1) or more subcontractors(s) who has their own policy of covering themselves.	pensation insurance to cover them. compensation insurance to cover of workers' compensation insurance od that the Central Permitting orker's compensation insurance prior	