

\*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: Sheetz, Inc.	Date: 5/21/21
Site Address: 2201 NC 24-87 Cameron NC 28326	
Description of Proposed Work: Sheetz Pole Signs	
General Contractor Information: Building Cost \$ 5	,000.00
Ready Contractors, Inc.	(252) 237-4790
Building Contractor's Company Name	Telephone
3041 Stantonsburg Road SE, Wilson NC 27893	garry@ready-contractors.com
Address //	Email Address
1/201.	43380
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information: Electrical Cost \$	License # 1,500.00
Description of Work Service Size:	Amps #T-Poles
Coates Electric of Wilmington, Inc.	(910) 791-8600
Electrical Contractor's Company Name	Telephone
7217 Ogden Business Park, Unit 114 Wilmington NC 28404	rodney@coateslectricnc.com
Address	Email Address
(May ( fates	U.12816
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Cos	t \$
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's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation  Fire Alarm Contractor Inform	License # aation
Fire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportation Driveway	Assemble and A Assemble and A
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	6.7.2/
and the second action of the s	Date
Affidavit for Worker's Compensation	
Affidavit for Worker's Compensation The undersigned applicant being the:	
Affidavit for Worker's Compensation The undersigned applicant being the:	n N.C.G.S. 87-14
Affidavit for Worker's Compensation The undersigned applicant being the:  General Contractor  Owner  Officer/Age  Do hereby confirm under penalties of perjury that the person(s), firms set forth in the permit:	n N.C.G.S. 87-14 ent of the Contractor or Owner (s) or corporation(s) performing the work
Affidavit for Worker's Compensation The undersigned applicant being the:  General Contractor  Owner  Officer/Age  Do hereby confirm under penalties of perjury that the person(s) firm	n N.C.G.S. 87-14  ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them.
Affidavit for Worker's Compensation The undersigned applicant being the:  General Contractor  Owner  Officer/Age  Do hereby confirm under penalties of perjury that the person(s), firms set forth in the permit:  Has three (3) or more employees and has obtained workers' of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person(s) of the confirm under penalties of perjury that the person (s) of the confirm under penalties of perjury that the person (s) of the confirm under penalties of perjury that the person (s) of the confirm under penalties of perjury that the person (s) of the confirm under penalties of perjury that the person (s) of the confirm under penalties of perjury that the person (s) of the confirm under penalties of pen	ent of the Contractor or Owner (s) or corporation(s) performing the work compensation insurance to cover them. ers' compensation insurance to cover
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