



*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: Go Country LLC / Refuel # 152 Date: 1.5.22
Site Address: 277 NC 24 Cameron Phone: 865-337-9372
Description of Proposed Work: To install 1 wall sign & connect to existing power

General Contractor Information: Building Cost \$ 1500.00
Sign

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

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

Electrical Contractor Information: Electrical Cost \$ 200.00

Description of Work connect to existing power Service Size: _____ Amps #T-Poles _____

McLorkle Sign company up to 6ft
Electrical Contractor's Company Name _____ Telephone 919-687-7080

1107 E Geer St Durham NC 27704 Address _____ Email Address bobbi@mccorkdesigns.com

Tommy McLorkle Signature of Owner/Contractor/Officer(s) of Corporation _____ License # 20030-SP-ES

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**

<u>Sprinkler Contractor Information</u>	
<u>N/A</u> Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
<u>Fire Alarm Contractor Information</u>	
<u>N/A</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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

McCorkle Signs Company / Bidsi Hatcher 1-5-22
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:	
<input checked="" type="checkbox"/> General Contractor	<input type="checkbox"/> Owner <input type="checkbox"/> 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:	
<input checked="" type="checkbox"/>	Has three (3) or more employees and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.
<input type="checkbox"/>	Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.
<input type="checkbox"/>	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: <u>Parula A. Suggs</u>	Date: <u>1/5/2022</u>