



*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: MDC NC3, LP - Ben Batzel Date: _____

Site Address: 81 Plantation Dr. Cameron, NC Phone: 858-284-5287

Description of Proposed Work: Remove banner structure. Install a LED illuminated cabinet sign. See renders.

General Contractor Information: Building Cost \$ _____

Signs of the Pines, Inc.

910-691-3000

Building Contractor's Company Name

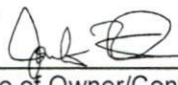
Telephone

823 7 LKS N. West End, NC 27376

jon@signsofthepines.com

Address

Email Address



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

License #

Electrical Contractor Information: Electrical Cost \$ _____

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

Electrical Contractor's Company Name

Telephone

Address

Email Address

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.

	02/21/22
_____	_____
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:

_____ 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: _____ Date: _____