

Application # Sign 2208.0005

*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.

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Owner's Name: GREENFIELD COMMUNITIES Date: 8-12-22
Site Address: PINEY GROVE RAWS RD. Phone: 919-815-6469

Directions to job site from Lillington: 401 NORTH, LEFT ON PINEY GROVE RAWS RD.
JOB SITE ON LEFT.
0055.24.1107

Subdivision: SERENITY Lot: N/A
Description of Proposed Work: ENTRANCE SIGN, DECORATIVE WALLS

Heated SF N/A Unheated SF _____ Building Cost \$ 150,000

General Contractor Information: Building Cost \$ 150,000
SONECA LANDSCAPES INCORPORATED Telephone 919-570-6163
Building Contractor's Company Name ANDREW@SONECALANDSCAPES.COM
310 BOBT WINSTON ROAD, YOUNGSVILLE NC Email Address 88193-NCGLCS#
Address 27596

Signature of Owner/Contractor/Officer(s) of Corporation _____
Electrical Contractor Information: Electrical Cost \$ _____
Description of Work N/A Service Size: _____ #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 \$ _____ # Units _____

Description of Work N/A
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 _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

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

Insulation Contractor Information
N/A
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 _____ *N/A*

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____ *N/A*

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? *N/A* 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.


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

8-12-22
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.

Company or Name: *SOLICA LANDSCAPES INC.*

Sign w/Title:  - *PRESIDENT* Date: *8-12-22*