

Application # Sign 2206.0006

*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 RAILS RD. Phone: 919-815-6469
Directions to job site from Lillington: 401 NORTH, LEFT ON PINEY GROVE RAILS RD.
JOB SITE ON LEFT.

0055.33.1422

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

Heated SF N/A Unheated SF _____
General Contractor Information: Building Cost \$ 150,000

SONECA LANDSCAPES INCORPORATED
Building Contractor's Company Name Telephone 919-570-6163
310 BERT WINSTON ROAD, YOUNGSVILLE NC 27596
Address Email Address ANDREW@SONECALANDSCAPES.COM

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation License # _____
Electrical Contractor Information: Electrical Cost \$ 150,000

Description of Work METER BASE + QUAD OUTLET Service Size: 200 Amps #T-Poles _____
ZAIR ELECTRIC
Electrical Contractor's Company Name Telephone 919-435-7725

P.O. Box 235, YOUNGSVILLE NC 27596
Address Email Address _____
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation License # 275551

Mechanical Contractor Information: Mechanical Cost \$ _____
Description of Work _____ # Units _____

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 \$ 750?

Description of Work IRRIGATION BACK FLOW PREVENTER # Baths N/A
CONNOR BACK FLOW PREVENTION
Plumbing Contractor's Company Name Telephone 919-606-3771

2209 DORAN PLACE, RALEIGH NC 27604
Address Email Address _____
[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation License # 20497

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 <u>N/A</u>	Email Address
Signature of Officer(s) of Corporation	License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name	Telephone
Address <u>N/A</u>	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]
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: SOLEA LANDSCAPES INC.

Sign w/Title: [Signature] - PRESIDENT Date: 8-12-22