\*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.

19 22.08.0000 Application #

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 Pe	rmit
Application for Building and	Date:8-12-22
Owner's Name: GREEN FIELD COMMUNITIES	Phone: 919-815-6469
Owner's Name: Steel BROVE RAWG RD.  Site Address: PINEY GROVE RAWG RD.  Directions to job site from Lillington: 401 NORTH, LEFT ON F	SILY GROVE RAILLS RD.
Sile Addiess The site from Lillington: 401 North, LETT ON F	THE T GIOSES (FILL)
Directions to job site from Limits	1055 33.1426
JOB SITE ON LEFT!	160.00
	Lot: N/A
Subdivision: SEREDUITY  Description of Proposed Work: ENTRAUE SIGN, DESTRATIVE  ##	WALLS, IRRIGATION SYSTEM
Description of Proposed Work: ENTRANCE SEN	-573
Heated SF Unheated SF General Contractor Information: Building Cost \$	SOPUL
General Contractor Information:	919-570-6163
SOURCE LANDSCAPES INCORPORATED	
Duilding Contractor's Company Name	Telephone HUDREW DIENERALANDSCAPE'S CON
310 BORT WINSTON ROAD, GUNGSVILLE NC 7	Email Address
Address	88193
Signature of Owner/Contractor/Officer(s) of Corporation Signature of Owner/Contractor Information: Electrical Cost S	License #
Signature of Owner/Contractor/Officer(s) of Corporation  Electrical Contractor Information:  Service Size:	Amps #T-Poles
Description of Work METER BASE + WAS SITTED Service Size:	918-435-7725
718 FUETRIL	Telephone
Electrical Contractor's Company Name	Telephone
P.O. BOX 235, YOMESVILLE NC 27596	Email Address
Address	
Sample of Corporation	27555T
Signature of Owner/Contractor/Officer(s) of Corporation  Mechanical Contractor Information: Mechanical C	
	# Units
Description of Work	
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company (Carry)	
Address	Email Address
Address	
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Diumbing Contractor Information: Plumbing Cost	\$ 1502
Description of Work IRRUGATION BACK FLOW PRODUCTION	# Baths N(+)
Plumbing Contractor's Company Name	719-606-3111
Plumbing Contractor's Company Name	Telephone
ZZOCI DOKAN PLACE, RALPHH NC Z7604	The Address
Address	Email Address
- Carne	License #
Signature of Owner/Contractor/Officer(s) of Corporation	LIGOTION IT
Insulation Contractor Information	
1//4	
Insulation Contractor's Company Name & Address	Telephone

\*NOTE: General Contractor must fill out and sign the second page of this application

Sprinkler Contractor Information		
	San Landa Campany Nama	Telephone
Sprinkle	Contractor's Company Name	
Address	7	Email Address
	in the second se	License #
Signatu	e of Officer(s) of Corporation Fire Alarm Contractor Infor	mation
Fire Ala	m Contractor's Company Name	Telephone
Address	N/A	Email Address
Cianotu	re of Officer(s) of Corporation	License #
	Driveway Access - NC Department of Transportation Drive	way Access/Permit? MA_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 <u>any</u> 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.		
	21 Th	8-12-22
Signati	ure of Owner/Contractor/Officer(s) of Corporation	8-12-22 Date
Signatu		Date
	Affidavit for Worker's Compensate dersigned applicant being the:	Date
	Affidavit for Worker's Compensat	Date ion N.C.G.S. 87-14
The un	Affidavit for Worker's Compensat dersigned applicant being the:	ion N.C.G.S. 87-14  Agent of the Contractor or Owner
The un  Do here set fort	Affidavit for Worker's Compensate dersigned applicant being the:  General Contractor Owner Officer/.  Beby confirm under penalties of perjury that the person(s), first 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 th	Date  ion N.C.G.S. 87-14  Agent of the Contractor or Owner  irm(s) or corporation(s) performing the work
The un  Do here set fort	Affidavit for Worker's Compensate dersigned applicant being the:  General Contractor Owner Officer/seby confirm under penalties of perjury that the person(s), find the permit:	Date  ion N.C.G.S. 87-14  Agent of the Contractor or Owner  irm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.
The un  Do here set fort  them.	Affidavit for Worker's Compensate dersigned applicant being the:  General Contractor Owner Officer/.  eby confirm under penalties of perjury that the person(s), find the permit:  Has three (3) or more employees and has obtained worker.	ion N.C.G.S. 87-14  Agent of the Contractor or Owner  irm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  rorkers' compensation insurance to cover
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The un  Do here set fort  them.  While work to issue carrying	Affidavit for Worker's Compensate dersigned applicant being the:  General Contractor Owner Officer/.  Beby confirm under penalties of perjury that the person(s), find the permit:  Has three (3) or more employees and has obtained worker.  Has one (1) or more subcontractors(s) and has obtained worker.  Has one (1) or more subcontractors(s) who has their own in the permit worker.  Has no more than two (2) employees and no subcontractor working on the project for which this permit is sought it is under the permit may require certificates of coverage ance of the permit and at any time during the permitted working working the permit and at any time during the permitted working the permitted	ion N.C.G.S. 87-14  Agent of the Contractor or Owner  irm(s) or corporation(s) performing the work  rs' compensation insurance to cover them.  vorkers' compensation insurance to cover  colicy of workers' compensation insurance  rs.  Inderstood that the Central Permitting the of worker's compensation insurance prior rick from any person, firm or corporation