"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 27548
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits
COMMERCIAL

Application for Building an	d Trades Permit
Owner's Name: Interstate Outdoor,	INC Date: 10/21/2
Site Address: US HWY 421, 600' north	of Alevalle phone [919] TACTO
Directions to job site from Lillington: Take 11542	to Exclusion by the said
15 600' north of Avery Pd	A LIANT MILLIONA
Health & Buzzard Law From	HOWELLISELS, HAVNELT
Subdivision:	Lot
Description of Proposed Work: Caplacing old by	Il board with New monopo
neared SF Unheated SF	
General Contractor Information: Buildin	g Cost \$ <u><0,000</u>
Interstale Outdoor, Inc	
Building Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Electrical Contractor Information: Flacts	ical Coets 7 PAN
Service OF DILL SEL	ice Size: 1100 Amps #T-Poles
J. JUN 1501 Electric	919-235-8663
3+31 Barber Mill Rd	Telephone
Address	Email Address
ClayToN, NC 27520 PAS	118216
Signature of Owner/Contractor/Officer(s) of Corporation Mechanical Contractor Information: Mechanical	License #
Description of Work	# Units
Mechanical Contractor's Company Name	
medianical Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumb Description of Work	ing Cost \$
Description of work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Co	mation
Insulation Contractor Infor	
Insulation Contractor's Company Name & Address	Telephone

Sprinkier Contra	<u>ctor Information</u>
Sprinkler Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
Fire Alarm Contra	actor Information
ire Alarm Contractor's Company Name	Telephone
Address	Email Address
Signature of Officer(s) of Corporation	License #
Driveway Access - NC Department of Transportat	tion Driveway Access/Permit?YesNo
ignature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Comp the undersigned applicant being the:	70-21-202 Z Date pensation N.C.G.S. 87-14
	Officer/Agent of the Contractor or Owner
o hereby confirm under penalties of perjury that the perset forth in the permit.	
Has three (3) or more employees and has obtained	d workers' compensation insurance to cover them.
Has one (1) or more subcontractors(s) and has obt	
Has one (1) or more subcontractors(s) who has the vering themselves.	eir own policy of workers' compensation insurance
Has no more than two (2) employoos and no subco	ontractors.
hile working on the project for which this permit is sough epartment issuing the permit may require certificates of common issuance of the permit and at any time during the permit rrying out the work.	courses a firmula de como
impany or Name: Interstate Outdo	por, Inc.
gn writte: Anl Edato, Red &	state Mar. Date: 10-21-2023