

\*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  
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: BMW/C/J+M GSO FV LLC Date: 3/12/25  
Site Address: 4792 Rawls Church Rd. Fuquay NC Phone: 317-339-3080  
Directions to job site from Lillington: 210 to Harnett Central Rd (R),  
to 401 (R) to Rawls Church Rd (R)

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: aluminum panel sign

Heated SF \_\_\_\_\_ Unheated SF \_\_\_\_\_

**General Contractor Information:** Building Cost \$ 1000

Carolina Sign + Service Telephone 9196393475  
Building Contractor's Company Name

7003 Hwy 210 N. Angier NC Email Address michele@carolinasignandservice.com  
Address

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

**Electrical Contractor Information:** Electrical Cost \$ \_\_\_\_\_

Description of Work N/A 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 N/A # 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 N/A # Baths \_\_\_\_\_

Plumbing Contractor's Company Name Telephone \_\_\_\_\_

Address Email Address \_\_\_\_\_

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

**Insulation Contractor Information**

N/A Telephone \_\_\_\_\_  
Insulation Contractor's Company Name & Address

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

**Sprinkler Contractor Information**

N/A  
Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

**Fire Alarm Contractor Information**

N/A  
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.

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

Date

3/12/25

**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:

Carolina Sign + Service

Sign w/Title:

Michele Montez

Office Manager

Date:

3/12/25