

*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 #_

Hamett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.org/permits
COMMERCIAL

Application for Building and Trades Permit

Application for Building that Trades I	Date
O11101 0 1 talliot	Phone: 531-710-5478
Site Address: 130 Brandywood Ct.	
Description of Proposed Work: 2 CL wall signs, 1 logo wall sign & 1 more	nument sign
General Contractor Information: Building Cost \$ _	mon. \$ 15000
Lauretano Sign Group	860-940-6462
Building Contractor's Company Name	Telephone
1 Tremco Drive Terryville, CT 06786	alyson@lauretano.com
Address	Email Address
All Soft	17
Signature of Owner/Contractor/Officer(s) of Corporation	Linense # monument
Electrical Contractor Information: Electrical Cost \$ Description of Work Electrical Scope as per plans Service Size: 400	Amps #T Poles
	919-435-1077
Insight Electrical Construction, LLC	Telephone
Electrical Contractor's Company Name 4601 Purnell Road, Wake Forest NC 27587	ap@insightelec.com
	Email Address
Address	34173
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Mechanical Contractor Information: Mechanical Cos	
	# Units
Description of Work	
Mechanical Contractor's Company Name	Telephone
modification of the state of th	
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Plumbing Contractor Information: Plumbing Cost \$	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Signature of Owner/Contractor/Officer(s) of Corporation	License #
Insulation Contractor Information	
insulation contractor information	
Insulation Contractor's Company Name & Address	Telephone
Insulation Contractor 5 Company Name & Address	

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



Sprinkler Contractor Information	Sprinkler Contractor Information		
Sprinkler Contractor's Company Name	Telephone		
Address	Email Address		
Signature of Officer(s) of Corporation Fire Alarm Contractor Information			
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. Signature of Owner/Contractor/Officer(s) of Corporation	7/7/25 Date		
Affidavit for Worker's Compensation N.C.G.S. 87-14			
The undersigned applicant being the:			
	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.			
Sign w/Title:	Date:		