

*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: First Choice Health-Benhaven Med. Center Date: 10/15/15
Site Address: 985 NC-87 Cameron, NC 28326 Phone: _____
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: Digital monument install
Heated SF _____ Unheated SF _____
General Contractor Information: Building Cost \$ _____

N/A
Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information: Electrical Cost \$ 10,000
Description of Work monument (digital) Service Size: _____ Amps #T-Poles _____
Mr. Sign Guy - Kevin Dwyer
Electrical Contractor's Company Name _____ Telephone 252-258-6868
2040-G South Park Dr. Winterville NC Email Address blanca@mrsignguy.com
Address 28590 25117-5P-ES

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
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 \$ _____
Description of Work _____ # Baths _____
N/A
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____
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**

N/A

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

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


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: Kevin T. Dwyer

Sign w/Title: owner - Mr. Sign Guy

Date: 10/10/12

N/A