

*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: D.B Murphy Date: 8-13-2025

Site Address: 4507 NC 55 Hwy E, Erwin, NC Phone: (336) 799-4670

Directions to job site from Lillington: _____

(See Attached from Google)

Subdivision: Dollar General #31414 Lot: _____

Description of Proposed Work: (2) Wall Attached Signs for Dollar General Store

Heated SF _____ Unheated SF 195 Sq Ft Wall Signs Total

General Contractor Information: Building Cost \$ 14,000.00

Allen Industries INC

Building Contractor's Company Name _____

6434 Burnt Poplar Rd, Greensboro, NC 27409

Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____

Electrical Contractor Information:

Description of Work Connect 4 Lighted Signs Electrical Cost \$ 600.00 Service Size: 6.6 Amps #T-Poles _____

Allen Industries INC

Electrical Contractor's Company Name _____

6434 Burnt Poplar Rd, Greensboro, NC 27409

Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____

Mechanical Contractor Information: Mechanical Cost \$ NA

Description of Work _____ # Units _____

Mechanical Contractor's Company Name _____

Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____

Plumbing Contractor Information: Plumbing Cost \$ NA

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name _____

Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____

Insulation Contractor Information NA

Insulation Contractor's Company Name & Address _____

(336) 799-4670

Telephone _____

hsepermitsolutions@yahoo.com

Email Address _____

NA

License # _____

600.00

(336) 799-4670

Telephone _____

hsepermitsolutions@yahoo.com

Email Address _____

SP.ES.07282

License # _____

NA

Telephone _____

Email Address _____

License # _____

NA

Baths _____

Telephone _____

Email Address _____

License # _____

NA

Telephone _____

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

Sprinkler Contractor Information

NA

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

NA

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

8-13-2025

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.

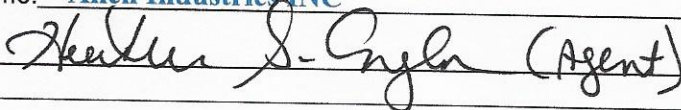
☒ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

____ 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: **Allen Industries INC**

Sign w/Title:

 (Agent)

Date: 8-13-2025