*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) Freestanding Pole Signs for Dollar General Store

Heated SF _____ Unheated SF 195 Sq Ft Wall Signs Total

General Contractor Information: Building Cost $ 15,500.00

Allen Industries INC — (336) 799-4670
Building Contractor's Company Name — Telephone

6434 Burnt Poplar Rd, Greensboro, NC 27409 — hsepermitsolutions@yahoo.com
Address — Email Address

Heather D. Engle — NA
Signature of Owner/Contractor/Officer(s) of Corporation — License #

Electrical Contractor Information: Electrical Cost $ 600.00

Description of Work Connect 4 Lighted Signs Service Size: 6.6 Amps #T-Poles ____

Allen Industries INC — (336) 799-4670
Electrical Contractor's Company Name — Telephone

6434 Burnt Poplar Rd, Greensboro, NC 27409 — hsepermitsolutions@yahoo.com
Address — Email Address

David W Allen — SP.ES.07282
Signature of Owner/Contractor/Officer(s) of Corporation — License #

Mechanical Contractor Information: Mechanical Cost $ NA

Description of Work _____ # Units _____

Mechanical Contractor's Company Name — Telephone

Address — Email Address

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

Plumbing Contractor Information: Plumbing Cost $ NA

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 NA

Insulation Contractor's Company Name & Address — 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 __X__ 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:

__X__ 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.

__X__ 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: Walter S. Agh (Agent) Date: 8-13-2025