



COMMERCIAL BUILDING APPLICATION

Site Address: 10303 McDougald Rd Brown	adway PIN: 9598699110.000
JAMOS + TIAN MONO Bhons 919-389-0	250 Fmail glanna(132@1cloud.Com
Description of Proposed Work Me Pale Sign-intens	My i luninated Total Job Cost: \$ 2260
GENERAL CONTRACTOR	
* Must be owner or licensed contractor. Address, company n	
Carolina Sign & Service	919-639-3475
General Contractor's Company Name 7003 Huy 210 N. Angier NC	Michele@cardinasignandservice com
Address	Email \$ 2600
License # Signature of Owner/Contractor/Officer of Corp.	Building Cost (excluding trades)
ELECTRICAL CONTRACTO	OR INFORMATION
Description of Work: One ple sign internallyillumit	Archice Size: 3 Amps T-Poles: YES NO
Electrical Contractor's Company Name	9196373977
7003 Huy 210N. Agric NC.	Phone Michele a carolinasignand revice. (or
Address 25159-SP-65	\$_ &66
License # Signature of Owner/Contractor/Officer of Corp.	Electrical Cost
MECHANICAL/HVAC CONTRA	ACTOR INFORMATION
Description of Work:	# of Units:
Description of Work.	
Mechanical Contractor's Company Name	Phone
Address	Email
License # Signature of Owner/Contractor/Officer of Corp.	\$ Mechanical Cost
PLUMBING CONTRACTO	DR INFORMATION
	# of Baths:
Description of Work:	To David.
Plumbing Contractor's Company Name	Phone
Address	Email
License # Signature of Owner/Contractor/Officer of Corp.	\$Plumbing Cost
INSULATION CONTRACT	OR INFORMATION
(M. P.T.	
Insulation Contractor's Company Name	Phone

APPLICATION CONTINUES ON BACK



SPRINKER CONTRACTOR INFORMATION

Sprinkler Contractor's Company Name	Phone	
Address	Email	
License #	Signature of Owner/Contractor/Officer of Corp.	
FIRE ALARM CONTRACTOR INFORMATION		
Fire Alarm Contractor's Company Name	Phone	
Address	Email	
License #	Signature of Owner/Contractor/Officer of Corp.	
Driveway Access - NC Department of Transportation Driveway Access/Permit? YES □ NO □		
I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is known to me and that by signing below I have obtained all subcontractors permission to obtain these permits 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 all changes.		
EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00). After 2 years re-issue fee is as per current fee schedule.	
	10/22/25	
Signature of Owner/Contractor/Officer of Corp.	Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
General Contractor Owner Officer/Agent	t of the Contractor or Owner	
Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:		
Has 3 or more employees and has obtained workers' compensation insurance to cover them,		
Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,		
Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,		
Has no more than 2 employees and no subcontractors,		
While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.		
Signature of Owner/Contractor/Officer of Corp.	Date	