

\*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.

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

**Application for Building and Trades Permit**

Owner's Name: Tim McNeill Date: \_\_\_\_\_  
Site Address: 81 Hollies Pines Rd Phone: 919-777-4193  
Directions to job site from Lillington: 421D to Cool Springs Rd turn right  
left on Hollies Pines Rd

Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_

Description of Proposed Work: addition of 10'x10' 17dep Bathroom

Heated SF 100 Unheated SF —  
**General Contractor Information:** Building Cost \$ 15000

Anil Dhulia T/A Paradise Home Bldrs Telephone 919-272-6115  
Building Contractor's Company Name  
4221 Ivy Hill Rd Raleigh NC 27616 Email Address anidhu@gmail.com  
Address  
Anil Dhulia License # 33833

Signature of Owner/Contractor/Officer(s) of Corporation  
**Electrical Contractor Information:** Electrical Cost \$ 1500<sup>00</sup>

Description of Work gf i rec light & fan Service Size: 200 Amps #T-Poles —

J M Pope Elec Telephone 910-890-3655  
Electrical Contractor's Company Name

409 Chatham St. SAFFORD N.C. 27330 Email Address  
Address

Signature of Owner/Contractor/Officer(s) of Corporation License # 21326

**Mechanical Contractor Information:** Mechanical Cost \$ \_\_\_\_\_

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 \$ 5200<sup>00</sup>

Description of Work 17dep toilet, vanity, floor drain, H/W bath # Baths 1

James Cochrane Telephone 919-499-7919  
Plumbing Contractor's Company Name

750 Womack Rd, Broadway N.C. 27505 Email Address James.Cochrane64@yahoo.com  
Address

Signature of Owner/Contractor/Officer(s) of Corporation License # 30962

**Insulation Contractor Information**

Insulation Inc. Telephone \_\_\_\_\_  
Insulation Contractor's Company Name & Address

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

**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.

Anil Dhulia  
\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

9-15-18  
\_\_\_\_\_  
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: Anil Dhulia T/A Paradise Home Bldrs

Sign w/Title: Anil Dhulia Owner Date: 9-15-18