



Application # RES1807-0013

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

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name Carl McNeil Date: 9/11/18
Site Address: 12105 DS 421 N Broadway Phone: 919-774379
Subdivision: _____ Lot: _____
Description of Proposed Work: Off frame modular

General Contractor Information

Raven Rock MH Movers 919-775-3600
Building Contractor's Company Name Telephone
3335 NC Hwy 875
Address Sartord N/A
3400 Email Address
License # _____

Electrical Contractor Information

Description of Work Hook up Electric Service Size: 200 Amps T-Pole: Yes No
Edwin Johnson
Electrical Contractor's Company Name Telephone 919-499-3475
1610 Cobl Springs Rd
Address Sartord N/A
19422-L Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work install Heatpump
Tin Shop
Mechanical Contractor's Company Name Telephone 919-708-8340
3489 Edwards Rd Sartord
Address 22513 N/A
License # _____ Email Address

Plumbing Contractor Information

Description of Work Hook up Sewer/Water lines Baths 2
Larry B Measamer
Plumbing Contractor's Company Name Telephone 919-343-8387
2521 Westgate dr Sartord
Address 23822 N/A
License # _____ Email Address

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____

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



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 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 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 as per current fee schedule.

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

9/11/18
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.

Sign w/Title: Bobby Dyggs

Date: 9/11/18