



Application # BRES1808-0016

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: Lucy Epton Gandy Date: 8-4-18
Site Address: 110 Washington St Coats NC Phone: _____
Subdivision: _____ Lot: _____
Description of Proposed Work: Remodel Kitchen and 2 Baths

General Contractor Information

Sandray Renovations Inc 910-891-8569
Building Contractor's Company Name Telephone
P.O. Box 2474 Dunn NC 28335
Address Email Address
54792
License #

Electrical Contractor Information

Description of Work 2 Baths / Kitchen Service Size: 2000 Amps T-Pole: Yes No
Chris Sinclair Electric 910-820-6229
Electrical Contractor's Company Name Telephone
119 BM Walnut Circle Dunn NC 28334
Address Email Address
27819-1
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License # _____

Plumbing Contractor Information

Description of Work 2 Baths / Kitchen # Baths 2
Coppers Plumbing and Septic Serv 919-464-5492
Plumbing Contractor's Company Name Telephone
512 Lake Shore Dr Garner
Address Email Address
11199PI
License #

Insulation Contractor Information

Sandray Rembetter 910-891-8569
Insulation Contractor's Company Name & Address Telephone
PO Box

***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 of Owner/Contractor/Officer(s) of Corporation

8-9-18

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:  Pres _____ Date: 8-9-18



NOTE: Attach a site plan that includes property lines (front, side, and rear), location of proposed structures (including driveways, decks, etc.), and existing structures. This plan should be drawn to scale. This form along with plans shall be submitted to the Harnett County Building Inspections Department.

Permit No.: 8-9-18-1 Date: 8/9/2018 Fee: \$50

Parcel ID*: 07069015100003 Area Zoned As: R20

APPLICANT:

PROPERTY OWNER:

Name (Print) SUNDAY RENOVATIONS INC
Address PO Box 2474
City, State Durham NC
Zip Code 28335
Phone # 910-891-8569

Name Lucy Ertenberg
Address 110 WASHINGTON ST
City, State COATS NC
Zip Code 27521
Phone # 868-221-4787

Location of Property: IN-TOWN [checked] ETJ [] ETJ (contiguous) []

Present Use of Property: []

PROPOSED USE OF PROPERTY:

- [x] Single Family Dwelling: # Rooms: [] # Bedrooms: 3 Square Feet: []
[] Multi Family Dwelling: # of Units: [] #Bedrooms (per unit): [] Square Feet (per unit)
[] Mobile Home (single lot): Single wide: [] Double Wide: []
[] Mobile Home Park: Section 16, Zoning Ordinance must apply
[] Business: Total # of employees per day [] Type of business
[] Others (specify): []

[x] Existing structure: Renovate: [x] Addition: [] Demolish: []

WATER AND SEWER SUPPLY:

Water: [] Private [x] Public [] Proposed [x] Existing
Sewer: [] Private [x] Public [] Proposed [x] Existing

Applicant: I certify that all of the information presented in this application is true, complete, and accurate to the best of my knowledge. False information is grounds for rejection of the application.

Signature: [Signature] Date: 8-9-18

ZONING ADMINISTRATOR USE ONLY

APPROVED

Notes: []
Approved: [x] Denied: [] TOWN OF COATS ZONING VALID FOR 12 MONTHS

Zoning Administrator: Nick Holcomb Date: 8/9/2018

THIS PERMIT IS VALID FOR 12 MONTHS