

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

Application for Residential Building and Trades Permit

Owner s Name Todd & Robin Showalter Date 13 AUG 18

Site Address 118 Leigh St Cameron NC 28326 Phone 919 770-5934

Directions to job site from Lillington 87 South To Melody Lane (Forrest Ridge Subdivision) 1mi south of Linden Oaks. Go To The end of Melody Lane (1mi.) Leigh St is GRAVEL Rd on LEFT (MAIL Box w/ Address/white post.

Subdivision FORREST Ridge Lot 9

Description of Proposed Work Remodel MASTER BATH/Kitchen # of Bedrooms 3

Heated SF 4000 Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

RWB INC
Building Contractor s Company Name

919 708-3643
Telephone

P.O. Box 1241 Sanford, NC 27331
Address

rwbincl@gmail.com
Email Address

12602
License #

Electrical Contractor Information

Description of Work Kitchen & Bath renovation Service Size _____ Amps T-Pole _____ Yes No

Cornerstone Electric Ser
Electrical Contractor s Company Name

910 850-1869
Telephone

4051 Village Dr
Address

mandkheble@gmail.com
Email Address

10801-L
License #

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor s Company Name

Telephone

Address

Email Address

License #

Plumbing Contractor Information

Description of Work Remodel MASTER BATH/Kitchen # Baths 1

GATEWAY Plumbing
Plumbing Contractor s Company Name

919-499-7919
Telephone

PO BOX 944 BROADWAY NC 27505
Address

GATEWAYplumbingnc@yahoo.com
Email Address

30962
License #

Insulation Contractor Information

Insulation Contractor s Company Name & Address

Telephone

*NOTE General Contractor 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

Todd Snowalter
Signature of Owner/Contractor/Officer(s) of Corporation

13 AUG 2018
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 Todd Snowalter

Sign w/Title Todd Snowalter Date 13 AUG 18