

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 GEORGE & PAT VOLGER Date 10/24/11
Site Address 1507 DAKRIDGE DUNCAN RD. FURWAY VALLEY Phone 919-924-7665
Directions to job site from Lillington S. MAIN TO MCKINLEY PKWY, MAKE LEFT. ONTO US401, ONTO KIPLING RD., (R) ONTO HARGREAVE RD, (R) ONTO CHRISTIAN LIGHT RD., (L) ONTO DAKRIDGE DUNCAN RD.
Subdivision _____ Lot 1
Description of Proposed Work INSTALLATION OF INGROUND SWIMMING POOL # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

CLEARWATER POOLS 919-359-2440
Building Contractor's Company Name Telephone
103-102 ANNA DR, CLAYTON NC 27520 JPD@POOLSBYCLEARWATER.COM
Address Email Address
N/A
License #

Electrical Contractor Information

Description of Work BONDING & GROUNDING Service Size _____ Amps T-Pole _____ Yes _____ No
JANSEN'S ELECTRICAL SERVICE 919-915-3047
Electrical Contractor's Company Name Telephone
WENDELL, NC 27591 SCOTTJANSENSELECTRIC@GMAIL.COM
Address Email Address
23546-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 _____ # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
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


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

10/24/18
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 JUSTIN DIEBOLD

Sign w/Title 

Date 10/24/18