



Application # _____

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: Peter + Kristine Gonzalez Date: 9/24/18
Site Address: 41 Annie Meadow Lane Phone: 631 664 7295
Subdivision: N/A Lot:
Description of Proposed Work: Bonus Rec Room + Baths

General Contractor Information

Peter J. Gonzalez 631-664-7295
Building Contractor's Company Name Telephone
41 Annie Meadow Lane Holly Springs Gonzonypd@gmail.com
Address NC 27540 Email Address
Owner
License #

Electrical Contractor Information

Description of Work NEC Power Service Size: 100 Amps T-Pole: Yes No
(919) 608-3826
Electrical Contractor's Company Name Telephone
116 Writing Rock Apex
Address 28370 U Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work HVAC
J.C. Heating + Air Conditioning (919) 762-6928
Mechanical Contractor's Company Name Telephone
1539 Wade Stephenson Rd
Address Holly Springs NC 27540 Email Address
12655 #3
License # Jimmy Carroll

Plumbing Contractor Information

Description of Work Bathroom sink/shower (1 toilet) # Baths 1
Peter J. Gonzalez (631) 664-7295
Plumbing Contractor's Company Name Telephone
41 Annie Meadow Lane Holly Springs Gonzonypd@gmail.com
Address NC 27540 Email Address
Owner
License #

Insulation Contractor Information

Peter J. Gonzalez (919) 418-1239
Insulation Contractor's Company Name & Address Telephone
41 Annie Meadow Lane Holly Springs NC

*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.

Peter J. Gonzalez
Signature of Owner/Contractor/Officer(s) of Corporation

9/28/18
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: Peter J. Gonzalez Date: 9/28/18