



BRES1809.0035
BRES1809.0034

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: _____ Date: _____

Site Address: _____ Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: _____

General Contractor Information

JOSH STURTZ HOMES LLC

Building Contractor's Company Name

910-797-1695

Telephone

531 SHAWCROFT RD

Address

teamsturtz@gmail.com

Email Address

79742

License #

Electrical Contractor Information

Description of Work FLOOD DAMAGE Service Size: 200 Amps T-Pole: Yes No

BUFORD ELECTRIC

Electrical Contractor's Company Name

910-723-1937

Telephone

3324 Gillespie St. FAY, NC 28306

Address

BUFORDELECTRIC@gmail.com

Email Address

31424-4

License #

940 Pan DR. HOPE MILLS, NC 28348

Mechanical/HVAC Contractor Information

Description of Work CAROLINA COMFORT AIR FLOOD DAMAGE

CAROLINA COMFORT AIR

Mechanical Contractor's Company Name

910-339-2374

Telephone

703 N CLINTON AVE; DUNN, NC 28334

Address

LoganThompson@carolinacombfortair.com

Email Address

29077

License #

Plumbing Contractor Information

Description of Work FLOOD DAMAGE # Baths 3

VANCE JOHNSON PLUMBING

Plumbing Contractor's Company Name

910-424-6717

Telephone

3242 MID PINE RD; FAY, NC 28306

Address

workrequests@vjplumbing.com

Email Address

7756

License #

Insulation Contractor Information

TRICITY INSULATION 334 E. MOUNTAIN DR 910-486-8855

Insulation Contractor's Company Name & Address

FAY, NC 28306

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 of Owner/Contractor/Officer(s) of Corporation

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: _____ Date: _____



Appointment 3795
Ignated Lien Agent
Investors Title Insurance
Online

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PRESIDENT

Joshua D Sturtz

9/25/2018 2:40:08 PM PDT

DocuSigned by:

Joshua D Sturtz

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

Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

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PRESIDENT

DocuSigned by:

Sign w/Title: Joshua D Sturtz

Joshua D Sturtz

Date: 9/25/2018 2:40:08 PM PDT

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