

BRES1809-0035 Application # BRES1809-0034

[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! Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

<u> </u>		
Owner's Name:	Date:	
Site Address:	Phone: '	
Subdivision:	Lot:	
Description of Proposed Work:		
General Contractor Information	•	
JOSH STURTZ HONGS LLC	910-797-1695	
building Contractor's Company Name	Telephone	
531 SHAWCROFT RD	tensturtzy Ogmail.con	
Address	Email Address	
79742		
License # Electrical Contractor Information		
Description of Work FLOOD Day AsE Service Size: 3	Amps T-Pole: X Yes \ No	
	910-723-1937	
Electrical Contractor's Company Name	Telephone	
3324 Gillespie St. FAY NLZ8306 Address	BUFORDELECTRIC Gamaila	
Address 31424-4 Pan DR. License # HOPL MUS, NC 2831	Email Address	
31424-4 948 Pan DR. 1831	IA.	
License # # Mechanical/HVAC Contractor Information		
Description of Work CAROLINA COMFORT	41K- 700	
Mechanical Contractor's Company Name	910-339-2374 Telephone	
TICE II CONTRACTOR S COMPANY WARRE	VI	
TOS N CLINTON - ACE -; DUNN, NC 7833	Email Address confort	
29077	air.ca	
License #		
Plumbing Contractor Information		
Description of Work FLOOD DAMAGE	#Baths 3	
VANLE JOHNSON PULLMBILLIE	910-424-6717	
Plumbing Contractor's Company Name	Telephone	
3242 MID PINE RD: FAY. NC Z8306	work requested viplumbing	
Address	Email Address	
License #		
Insulation Contractor Information		
TRICITY INSUCATION 334 E. MOUNTAIN DR 910-486-8855		
Insulation Contractor's Company Name & Address FAT, NC 7630Telephone		

NOTE: General Contractor / owner must fill out and sign the second page of this application?

O



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.

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.

PRESIDENT

Docusigned by:

Joshua D Sturtz

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

Signature of Comporation

Date

<u> </u>	·	
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:		
X General Contractor Owner Or	ficer/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.	PRESIDENT	
Sign writte: Joshua D Sturty	Joshua D Sturtz Date: 9/25/2018 2:40:08 PM PD	