



Application # BRES1809-0036

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: Ken Rutzleff Date: 9-27-18
Site Address: 88 Hilliard Pl. Fuquay-Varina, NC 27526 Phone: 585-354-9445
Subdivision: _____ Lot: _____
Description of Proposed Work: Bathroom Remodel

General Contractor Information

Turn Key Restoration Inc. (919) 201-0397
Building Contractor's Company Name Telephone
PO Box 1965 Fuquay Varina, NC 27526 Turnkeyrestoration@yahoo.com
Address Email Address
66099
License #

Electrical Contractor Information

Description of Work move/relocate lights, receptacles Service Size: 200 Amps T-Pole: Yes No
Gandy mechanical services (919) 971-7440
Electrical Contractor's Company Name Telephone
112 JAN ST Angier, N.C. 27501
Address Email Address
8986
License #

Mechanical/HVAC Contractor Information

Description of Work exhaust FAN
Gandy mechanical services (919) 971-7440
Mechanical Contractor's Company Name Telephone
112 JAN ST. Angier, N.C. 27501
Address Email Address
8793
License #

Plumbing Contractor Information

Description of Work Carroll Plumbing and Repair # Baths 1
Bathroom Remodel (919) 669-4650
Plumbing Contractor's Company Name Telephone
Winding OAK WAY Fuquay Varina, NC
Address Email Address
P1 18903 27526
License #

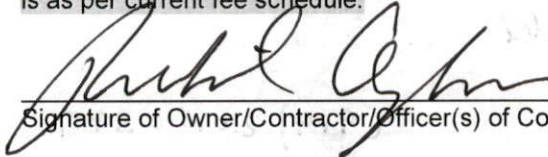
Insulation Contractor Information

Turn Key Restoration, INC. (919) 201-0397
Insulation Contractor's Company Name & Address 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

9-27-18
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:  President

Date: 9-27-18