To:



BRES1810-6006

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match

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

| tion on license. | |
|---|--------------------------|
| Owner's Name: Stephanie Sizemore | Date: 9/27/2018 |
| Site Address: 79 Sherman Rd. Fuquay Varina, NC 27526 | Phone: 919-291-0176 |
| Subdivision: | Lot: |
| Description of Proposed Work: 1300 sq ft crawl space encaps | ulation with GFI install |
| General Contractor Inf | <u>formation</u> |
| EcoMaster LLC | 984-269-7416 |
| Building Contractor's Company Name | Telephone |
| 3101-192 Stonybrook Dr. Raleigh, NC 27604 | info@ecomasterllc.com |
| Address | Email Address |
| N/A | |
| License # | |
| Description of Work Install 1 GFI outlet Serv | |
| Powerflow Electrical | 919-524-9507 |
| Electrical Contractor's Company Name | Telephone |
| 598 Howard Tant Rd. Zebulon, NC 27597 | powerflow@nc.rr.cm |
| Address | Email Address |
| 23615/sp/sfd | Littali Address |
| License # | |
| Mechanical/HVAC Contract | or Information |
| Description of Work | |
| N/A | |
| Mechanical Contractor's Company Name | Telephone |
| | |
| Address | Email Address |
| License # | |
| Plumbing Contractor In | formation |
| Description of Work | # Baths |
| N/A | |
| Plumbing Contractor's Company Name | Telephone |
| Address | Email Address |
| Liaanaa # | |
| License # Insulation Contractor In | nformation |
| EcoMaster LLC-3101-192 Stonybrook Dr. Raleigh, NC 27604 | 984-269-7416 |
| Insulation Contractor's Company Name & Address | Telephone |
| | i diepitorie |

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

Danielle Wright Digitally signed by Danielle Wright Date: 2018.09.27 10:34:45 -04'00'

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

9/27/18

Date



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 bysigning 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.

| 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 |
|---|
| General Contractor Owner Officer/Agent of the Contractor or Owner |
| |
| Do hereby confirm under penalties of periuny 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: Danielle Wright Date: 2018.09.27 10:35:10 -04'00' Date: 9/27/2018 |



BUILDING RESIDENTIAL 910-893-7525 www.harnett.org

PERMIT NUMBER BRES1810-0006

| JOB ADDRESS: 79 SHERMAN RD | PERMIT SUBTYPE: RESIDENTIAL ADD/ALTER | | PARCEL NO: 0655-32-4220.000 |
|--|---|----------|-----------------------------|
| DESCRIPTION: 1300 sqft crwl spc encapsulation w/GFI install | DATE ISSUED: | DATE EX | L KPIRED: |
| PLAN NAME: | ZONING DISTRICT: RA-40 - 0.49 acres (100.0%) | | |
| APPLICANT: EcoMaster LLC | ı | PHONE: (| (984)269-7416 |
| 3101-192 Stonybrook Dr Raleigh, NC 27604 | | EMAIL: | |
| CONTRACTOR: POWERFLOW ELECTRICAL COMPAI | NY F | PHONE: (| (919)524-9507 |
| 598 HOWARD TANT ROAD GARNER, NC 27529 | , | EMAIL: | |
| OWNER: SIZEMORE SEAN C | | PHONE: | |
| 79 SHERMAN RD FUOUAY-VARINA, NC 27526, FUO | UAY VARINA. NC 27526-0000 | EMAIL: | |

| | REQU | JIRED INSPECTIONS | S |
|-----------------|----------|-------------------|----------|
| INSPECTION TYPE | APPROVAL | DATE | COMMENTS |
| FINAL** | | | |

Development Services 108 E. Front St Lillington, NC 27546 910-893-7525

CC SALE

MID: TID: xxx9684 xxxx2853

Ref #:

209879458

Batch #:

1110989

Date/Time:

10/02/18 11:01:27 AM

Inv/Tkt #:

181002110059382

Appr Code: 561547

Visa

4xxxxxxxxxxx4302

Keyed

Amount USD\$ 100.00

Approved

Mode: Card

CUSTOMER COPY