

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

Application for Residential Building and Trades Permit

Owner's Name: Ronald Pegues Date: 11/9/18
Site Address: 232 WEXFORD Phone: 910-263-1092
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____
Description of Proposed Work: FINISH Bonus Room # of Bedrooms: 2
Heated SF: 1200 Unheated SF: 1200 Finished Bonus Room? _____ Crawl Space: Slab: _____

General Contractor Information

Ronald Pegues
Building Contractor's Company Name Telephone _____
Address _____ Email Address _____
License # _____

Electrical Contractor Information

Description of Work Install Electrical Service Size: 200 Amps T-Pole: Yes No
Carl West Electric Telephone 910-522-3648
Electrical Contractor's Company Name 4911 Stone Brook Telephone _____
Carl West Electric Raleigh NC 27612
Address _____ Email Address _____
L-32121
License # _____

Mechanical/HVAC Contractor Information

Description of Work Install unit & duct work
Ronald Pegues
Mechanical Contractor's Company Name Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work Ronald Pegues Rough in Bath # Baths 1
Ronald Pegues
Plumbing Contractor's Company Name Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Ronald Pegues
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

11/9/18

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.

Company or Name: Daves Home Services

Sign w/Title: _____ Date: 11/9/18