

Application # _____

* 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

on on idense.	
Owner's Name:	Date: ///8/18
Site Address: 9/5 COKESbury Road Fugury-VARINA, NC 2	7526 Phone: (919) 349-0038
Subdivision: HARDEE + Roberts	Lot:3
Description of Proposed Work: Remodel & SOME NEW	Addition
General Contractor Informatio	
WILLIAM WADE VUNCANNON Building Contractor's Company Name	(919) 427-6745 Telephone
181 PARKER Drive Fugury- VARINA NC 27526 Address	WADE · VUNCANNON @ 9mbil · () Email Address
7397	
License #	
Description of Work SOME NEW - WPdate old Service Size:	Amps T-Pole: Tyes WNo
I OSEPH Michael Fredley Electrical Contractor's Company Name	(919) 390 - 8954 Telephone
80 Woodstone Pl Angier NC 2750 Address	Email Address
32169	
License #	
Mechanical/HVAC Contractor Inform	
Description of Work Up date systems	369-2657
Jes Henting & Air Conditioning Service INC Mechanical Contractor's Company Name	(919) 3 90 - \$954 Telephone
1539 Wade Stephenson Rd Holly Springs No Address	Email Address
H-3 12655 License #	
Plumbing Contractor Informati	<u>on</u>
Description of Work <u>Some</u> New up date old	# Baths 3 1/2
Plumbing Contractor's Company Name	(919) 427-8026 Telephone
Address 27526	
Address 2 7526	Email Address
Insulation Contractor Informati	on
INSULATING INC 5902 FAYEVILLE RE RAI NC 276 Insulation Contractor's Company Name & Address	Telephone

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



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.

11/8/18 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: William Wade Vunconnon Owner Date: 11/8/18	