

Application # BRES 1902-0024

* 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

Owner's Name:	Date: 3/8/19
Site Address: 1320 Rawls Church Rd	Phone: 919-605-699
Subdivision: P/H	Lot: ~/A
Description of Proposed Work: Ingroad Pool	
General Contractor Inf	formation
Justin Main	719-6.05-6997 Telephone / Churtymain@gnail.com Email Address
Building Contractor's Company Name	Telephone
130 Rowls Church fd Argier NC 2750	1 churtymain @ gnail.com
Address	Email Address
-NA	
License # Electrical Contractor In	formation
Cold South Mechanical	ce Size:Amps T-Pole:YesNo
Electrical Contractor's Company Name	Telephone
1929 NC Hay 42 Willow Spary, Nc. 2750	12 is@ cold southwe.com
Address	Email Address
30624	
License #	
Mechanical/HVAC Contract	
And the state of t	or information
Description of Work	or information
Description of Work	
And the state of t	Telephone
Description of Work	Telephone
Mechanical Contractor's Company Name	
Mechanical Contractor's Company Name	Telephone
Mechanical Contractor's Company Name Address	Telephone Email Address
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor In	Telephone Email Address
Mechanical Contractor's Company Name Address License #	Telephone Email Address formation
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor In	Telephone Email Address formation
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor In Description of Work	Telephone Email Address formation # Baths
Description of Work Mechanical Contractor's Company Name Address License # Plumbing Contractor In Description of Work Plumbing Contractor's Company Name	Telephone Email Address formation # Baths Telephone
Mechanical Contractor's Company Name Address License # Plumbing Contractor In Description of Work Plumbing Contractor's Company Name Address	Telephone Email Address formation # Baths Telephone Email Address

*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

3/8/2019

is as per current fee schedule.

Signeture of Owner/Contractor/Officer(s) of Corporation Date
Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 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: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\