



Application # BRES1903-0028

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: Matthew and Lisa Maxfield Date: 3/18/19
Site Address: 490 Rollins Mill Rd Holly Springs Phone: _____
Subdivision: N/A Lot: _____
Description of Proposed Work: Interior Renovation and addition

General Contractor Information

Quality One Contracting 919-909-3495
Building Contractor's Company Name Telephone
Po Box 444 Qualityonecontracting@gmail.com
Address Email Address
75308
License #

Electrical Contractor Information

Description of Work: Finish & Rough electrical Service Size: 400 Amps T-Pole: Yes No
Tool Time Services 919-422-4466
Electrical Contractor's Company Name Telephone
Po Box 2207 Garner NC 27529 Burkwing@gmail.com
Address Email Address
27554-1
License #

Mechanical/HVAC Contractor Information

Description of Work: Finish & Rough in Mechanical / Gas lines
Casey Services HVAC 919-556-3338
Mechanical Contractor's Company Name Telephone
4900 Purnell Rd Wake Forest NC 27587 _____
Address Email Address
10540 (#-3)
License #

Plumbing Contractor Information

Description of Work: Rough & finish Plumbing # Baths: 4
JTT Plumbing Inc. 919-303-3779
Plumbing Contractor's Company Name Telephone
Po Box 337 Jim@JTTPlumbinginc.com
Address Email Address
148103
License #

Insulation Contractor Information

Insulating Inc 5902 Fayetteville Rd Raleigh 919-7729000
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

3-18-19

 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:  owner _____ Date: 3-18-19