



Application # BRES1903.0033

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: JRT Managing Properties LLC Date: \_\_\_\_\_  
Site Address: 306 East D Street, Erwin NC 28339 Phone: 919-980-1096  
Subdivision: \_\_\_\_\_ Lot: \_\_\_\_\_  
Description of Proposed Work: renovation

**General Contractor Information**

JRT Managing Properties LLC 919-980-1096  
Building Contractor's Company Name Telephone  
108 North Orange Ave, Dunn, NC28334 jrtmanagingproperties@gmail.co  
Address Email Address  
79495

**Electrical Contractor Information**

Description of Work Service Change/Add smoke detectors Service Size: 200 Amps T-Pole:  Yes  No  
Ricky Blackmon 910-890-2769  
Electrical Contractor's Company Name Telephone  
702 Lucas Street, Erwin, NC 28339 rickyblackmon5gmail.com  
Address Email Address  
20498

**Mechanical/HVAC Contractor Information**

Description of Work System Replacement  
Randy Jackson 910-242-2941  
Mechanical Contractor's Company Name Telephone  
100 N 13th street, Erwin, NC 28339 ril11727@gmail.com  
Address Email Address  
18512

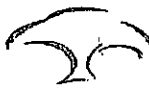
**Plumbing Contractor Information**

Description of Work Replace Fixtures, and water lines # Baths 1.5  
Brett Adams 919-669-7979  
Plumbing Contractor's Company Name Telephone  
P.O. Box 45 Benson, NC 27504  
Address Email Address  
17359

**Insulation Contractor Information**

Mozingo Insulation, 1136 Bluegrass Road, Selma, NC 27576 919-422-9927  
Insulation Contractor's Company Name & Address Telephone

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



**Harnett**  
**COUNTY**  
 NORTH CAROLINA

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.

*Rocky Blum*  
 Signature of Owner/Contractor/Officer(s) of Corporation

3/13/19  
 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: *Rocky Blum* *Agent* Date: 3/13/19