

Application # BRES1903-0049

\* 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: Brian Paul Hayes	Date: 05/07/18
Site Address: 106 Tyler Godwin Rd Lillington NC	Phone: 910-658-4560
Subdivision:	Lot:
Description of Proposed Work: Off France model	eV .
General Contractor Informa	ation_
Raven Rock MH Movers	919-775-3600
Building Contractor's Company Name	Telephone
3335 NC Hwy 87 S Sanford NC 27332	N/A
Address	Email Address
3400	
License #	1627
Description of Work Hook up electric  Electrical Contractor Inform Service S	<u>nation</u> ize: <sup>200</sup> _Amps T-Pole: ☐ Yes ☒ No
Red top electric	919-499-3475
Electrical Contractor's Company Name	Telephone
1610 cool springs rd Sanford nc	N/A
Address	Email Address
19422-L	Lillali Address
License #	
Mechanical/HVAC Contractor In	formation
Description of Work hook up heat pump	
Tin Shop	919-708-8340
Mechanical Contractor's Company Name	Telephone
3489 Edwards rd Sanford NC 27332	N/A
Address	Email Address
22513	
License #	
Plumbing Contractor Inform	nation
Description of Work hook up water and sewer lines	# Baths <sup>2</sup>
Larry Measamer	919-343-8387
Plumbing Contractor's Company Name	Telephone
2521 Westgate Dr Sanford NC 27330	N/A
Address	Email Address
23822	
License #	
Insulation Contractor Inform	nation_
N/A	
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 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 Date: 5 8 119	