

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: Vince Chiodo Date: 4-9-19
Site Address: 1125 Warner Rd Dunn NC 28335 Phone: 910-792-4775
Subdivision: _____ Lot: _____
Description of Proposed Work: Rental Kitchen + Master Bath New HVAC

General Contractor Information

SUNDAY RENOVATIONS, INC 910-891-8569
Building Contractor's Company Name Telephone
P.O. Box 2474 Dunn NC 28335
Address Email Address
54792
License #

Electrical Contractor Information

Description of Work Kitchen + MASTER BATH Service Size: Amps T-Pole: Yes No
Chas Sincan Elec Co elec 910-820-6229
Electrical Contractor's Company Name Telephone
119 Britton Rd Dunn NC 28335
Address Email Address
27819-6
License #

Mechanical/HVAC Contractor Information

Description of Work 2 New HVAC units + Duct system
Foust Heating & Air
Mechanical Contractor's Company Name Telephone
2976 Dunwood Eastover NC 28312
Address Email Address
17439
License #

Plumbing Contractor Information

Description of Work MASTER BATH + KITCHEN # Baths _____
Jackson Plumbing 910-990-0249
Plumbing Contractor's Company Name Telephone
201 Dawson Rd Dunn NC 28335
Address Email Address
15727
License #


Insulation Contractor Information

SUNDAY RENOVATIONS INC 910-891-8569
Insulation Contractor's Company Name & Address Telephone
P.O. Box 2474 Dunn NC 28335

*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

4-9-19

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: 4-9-19