

Application # _____

* 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

| on on license. | . 1 |
|---|--|
| Owner's Name: Ryan & Chris Meu | per Date: 4/24/19 |
| Site Address: 295 Gary Dr. Angles | 2 NC 2750 Phone: |
| Subdivision: Kinnis Creek Estate | A TOTAL CONTRACTOR OF THE PARTY |
| Description of Proposed Work: Installing 12x2 | 5 fiberglass pool |
| General Contractor Int | formation |
| Cool Pools NC, LC | |
| Building Contractor's Company Name | Telephone |
| 2300 Old US I HWY, Apex NC: | 27502 Charecoologolenes |
| Address | Email Address |
| 59776 | |
| License # | |
| Electrical Contractor In | formation |
| Description of Work Pool equipment Serv | |
| HRC Electricile | <u>919-888 - 3500</u> |
| Electrical Contractor's Company Name | Telephone |
| POBOX 58355 Raleigh NC 276 | 58 <u>Customercare</u> earelectric |
| Address | Email Address |
| 29565-L | |
| License # Mechanical/HVAC Contract | or Information |
| | or information |
| Description of Work | |
| Markada (A. C. A. | |
| Mechanical Contractor's Company Name | Telephone |
| Address | |
| Audress | Email Address |
| License # | |
| Plumbing Contractor In | formation |
| Description of Work | |
| Description of work | # Baths |
| Plumbing Contractor's Company Name | Tolonkana |
| Transing Contractor's Company Name | Telephone |
| Address | Email Address |
| | |
| License # | |
| Insulation Contractor In | formation |
| | For the state of |
| 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

4/14/19

is as per current lee 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 but the work | |
| Sign w/Title Cell Gard Owner. Date: 4/24/19 | |
| | |