

Application #

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Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

ERES 1905-0012 PRES 1905-0009 V INES 1905-0003/ DA-208

\* 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** 

on on license.	
Owner's Name: DOWALD & SUE BYRD	Date: 5/8/2019
Site Address: 6374 US 401 BUNNIEVA NC 28	9323 Phone: 910-893-5966
Subdivision: N/A	Lot:
Description of Proposed Work: FNSTALL LEVEL ENTRY SHE	ower BUTED LINEW CLOSET, NEW VANTTO
General Contractor Information	tion DRYWALL / PAINT
PLATINUM HOMES LLC	919-770-0426
Building Contractor's Company Name	Telephone
PO BOX 37579 KALETGH N.C. 27627	johnny @ build platinum. com Email Address
Address	Email Address
<u>77073</u> License #	
Electrical Contractor Informa	ation
Description of Work REPLACE CAN LIGHT AND VANITYSERVICE SIZE	ze:Amps T-Pole:Yes _VNo
TURNER ELECTRIC	9/9 - 274 - 7358 Telephone
Electrical Contractor's Company Name	500 - 1
2227 SHANNON ST. RALEIGH NC. 276,	
Address 20877 L	Email Address
License #	
Mechanical/HVAC Contractor Info	ormation
Description of Work	
Mechanical Contractor's Company Name	Telephone
*	
Address	Email Address
License #	
Plumbing Contractor Informa	ation
Description of Work REPLACE VENT PEPE	# Baths 1
MIDTOWN PLUMBING LLC	919-801-5987
Plumbing Contractor's Company Name	Telephone
3029-111 STONYBROOK DR. RALETGH, N.C. 27604 Address	michaelje midtown plumbing Email Address
32314 License #	
	-4:
Insulation Contractor Informa	
Insulation Contractor's Company Name & Address	<u>9/0-893-5966</u> Telephone
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\*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 <a href="bysigning below I have obtained all subcontractors">bysigning below I have obtained all subcontractors</a> permission to obtain these permits and if <a href="any">any</a> 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.

Owner/Contractor/Officer(s) of Corporation

5/8/2019 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: Relay Dlin Oh Fourson / PARTNER Date: 5/8/2019	