

Application # BRES1907.0015

\* 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

matt off noctise,	Dununy	and Trades Permit	
Owner's Name: Edward C			
Site Address: 1052 Pine Oa	ak Ln Cameron NC 2022	Date: 7/25/2019	
Subdivision:		010 400 400	
Description of Proposed VIII		Phone: 910-429-1923	
Description of Proposed Wo	ork: Modular Home		
Oakwood Homes	General Contractor Inform  OF North Carolina, The  any Name	nation	
Building Contractor's Compa	OF NORTHCHOLIST	010 100 1000 1	
3005 Gillespie St Favettevil	e NC 28306 / P.O. Box 5418	Telephone	31
Address	10 20306 P.O. BOX 5418	chris.milligan@oakwoodhomes.c	
40114	mooresville NC	Email Address	
License #	-3811.	1	
Description of Work Tie in to	Electrical Contractor Information	Ration	
rialum's Electrical service	Service S	Size: 200 Amps T-Pole: Yes No	
Solid delor & Company Mana		910-740-6694	
2332 Tobacco Rd Fairmont NC 28240		Telephone	
Audress	TO 20340	joeyhardin@carolina.net	
19728EL-L		Email Address	
Description of Work Install sp Spells Mechanical			
Mechanical Contractor's Company Name		910-525-5976	
23 W. Vinson Ave Autryville NC 28318		Telephone	
0574		spellsha@aol.com	
License #		Email Address	
Description of Work Tie in to se	Plumbing Contractor Informa		
bobby s Plumbing		# Baths 3	
umbing Contractor's Company Name		910-734-3771	
620 Monroe Rd Saint Pauls NC 28384		Telephone	
2007		joeyhardin@carolina.net	
icense #		Email Address	
	Insulation Contractor Informat	ion	
nsulation Contractor's Company	/ Nome 0. A	1011	
o onipan	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

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.

Date
Affidavit for Worker's Compensation N.C.G.S. 87-14
Do hereby confirm under penalties of positive that it
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.
them. them.
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance
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 to issuance of the permit and at any time during the permitted work from any person, firm or corporation
Sign w/Title: Den Office Date: 7-25-19