

Application # BLES1907.0016
eres1907.0023
ires1907.0003
MRES1907.0021
PRES1907.0006
 Date: _____

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

WPLS1909.0001

Application for Residential Building and Trades Permit

* 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.

Owner's Name: ANDREA McNIel
 Site Address: 3859 Boulevard Ewin Rd East Phone: 910 891 1848
 Subdivision: RIVERSIDE Lot: _____

Description of Proposed Work: RAR Floor Dist. in Den 1/2 Bath, Replac w/1/2
move WASH DRYER, CHANGE AC UNIT w/1/2 Reduct Den, upgrade
elect to 200 AMP

General Contractor Information

Building Contractor's Company Name: PO Boy 387 COATS Telephone: 910/267-3829
 Address: 57257 Email Address: JimHARTMANCONSTRUCTION@gmail.com
 License #: _____

Electrical Contractor Information

Description of Work: upgrade service Service Size: 200 Amps T-Pole: Yes No
Amper PARKER electric (Dustin PARKER) Telephone: 910 984 6810
 Electrical Contractor's Company Name: _____
 Address: 501 DENNING RD BENSON 27504 Email Address: _____
3012911
 License #: _____

Mechanical/HVAC Contractor Information

Description of Work: CHANGE OUT GAS PAK TO elect AC Telephone: 910 891 4189
DAVES HEATING & COOLING Telephone: 910 891 5280
 Mechanical Contractor's Company Name: _____
 Address: 504 MANN RD COATS 27521 Email Address: FAX 910 897 4599
28334
 License #: _____

Plumbing Contractor Information

Description of Work: RAR BATH, WH, WASHER # Baths: 1
Thomas Cooper Jeff Holland Telephone: 919 464 5492
 Plumbing Contractor's Company Name: _____
 Address: 512 Lakeside Dr Email Address: _____
11199 GARNER 27529
 License #: _____

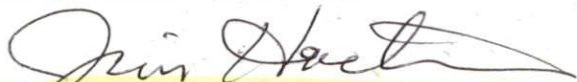
Insulation Contractor Information

Insulation Contractor's Company Name & Address: PARKER BROS INSULATION Telephone: 910 990 5928

***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

2/9/19

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.

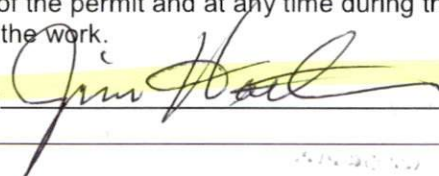
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:



Date:

2/9/19