

Application # BRES1907-0034
ERES1907-0033
MRES1907-0031
PRES1907-0010

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: Triin Mills Date: _____

Site Address: 259 HARTMAN Dr Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Kitchen Remake

General Contractor Information

J Scott Builders
Building Contractor's Company Name
P.O. Box 1356 Holly Springs
Address
48251
License #

(919) 577-6155
Telephone
Scott@Jscottbuilders
Email Address

Electrical Contractor Information

Description of Work move fridge & range Service Size: _____ Amps T-Pole: Yes No

Farlow Electric
Electrical Contractor's Company Name
801 E Trinity Ave Durham 27704
Address
3733U
License #

919 687-3733
Telephone
Email Address

Mechanical/HVAC Contractor Information

Description of Work Hood vent
AES of Raleigh
Mechanical Contractor's Company Name
577 pylon Dr Raleigh
Address
23253
License #

919 828-5147
Telephone
Email Address

Plumbing Contractor Information

Description of Work move fridge
Ceyles Quality Services
Plumbing Contractor's Company Name
636-6B Old Roberts Rd Benson 27504
Address
32853
License #

Baths _____
919 938-1813
Telephone
Email Address

Insulation Contractor Information

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 is as per current fee schedule.

 7-16-19
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 out the work.

Sign w/Title:  DM Date: 7-16-19