

Application # BRES1908-0019
ERES1909-0007
MRES1909-0007
PRES1909-0000
IKRES1909-0001

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: Sandy Langdon Date: 8-7-19
 Site Address: 1363 Tyrtington Rd Dunn NC 28334 Phone: _____
 Subdivision: NA Lot: _____
 Description of Proposed Work: Garage Addition

General Contractor Information

Anthony Woodard Construction Inc Telephone 9196316034
 Building Contractor's Company Name
800 Elevation Rd Four Oaks NC 27529 Email Address anjwoodard@centurylink.net
 Address
76680
 License # _____

Electrical Contractor Information

Description of Work existing Service Size: 20 Amps T-Pole: Yes No
Tadon Electric Telephone 9197301257
 Electrical Contractor's Company Name
9261 Raleigh Rd Benson NC 27504 Email Address _____
 Address
2114VSFO
 License # _____

Mechanical/HVAC Contractor Information

Description of Work Add 2 vents off existing
Comfort Magic Telephone 9193331727
 Mechanical Contractor's Company Name
PO Box 247 Selma NC Email Address _____
 Address
29902
 License # _____

Plumbing Contractor Information

Description of Work 1/2 bath or full if Perm # Baths 1
CTP Plumbing Telephone 9197307965
 Plumbing Contractor's Company Name
10 Oliver's Grave Rd Four Oaks NC Email Address _____
 Address
30006
 License # _____

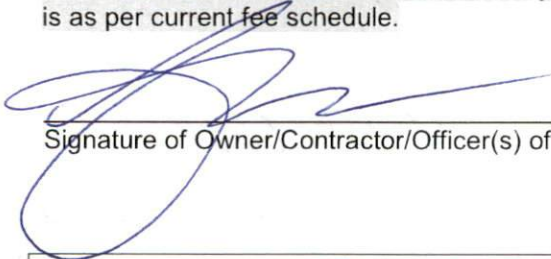
Insulation Contractor Information

Tri City Insulation Telephone 2522053541
 Insulation Contractor's Company Name & Address 334 E. Mountain Dr Fayetteville

***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

9-9-19

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: _____