



Application # SFD1908-0008

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: CHARLES RAY BRADSHAW Date: 8/12/19

Site Address: _____ Phone: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: Single Family Dwelling House / And BARN - to include 2 bedrooms

General Contractor Information

Godwin Construction & Development LLC

919-810-2591 bathroom

Building Contractor's Company Name

Telephone

PO Box 1922 DUNN N.C. 28335

katgodwinconstruction@gmail.com

Address
75471

Email Address

License #

Electrical Contractor Information

Description of Work SFD House + BARN Service Size: 200 Amps T-Pole: Yes No

Parker's Electric

910-984-6810

Electrical Contractor's Company Name

Telephone

167 StoneHenge Drive DUNN N.C. 28334

Email Address

Address

31658

License #

Mechanical/HVAC Contractor Information

Description of Work SFD (new) HOUSE + BARN

Custom Heating & Air

910-892-8827

Mechanical Contractor's Company Name

Telephone

1001 Denton Drive LERWIN N.C. 28339

holystewart.hs15@gmail.com

Address

28699

License #

Plumbing Contractor Information

Description of Work SFD - HOUSE + BARN (new) # Baths 2 reg 2-Halfs

L.R. Grover Plumbing

919-820-0026

Plumbing Contractor's Company Name

Telephone

P.O. Box 764 Benson N.C. 27504

Email Address

Address

7958

License #

Insulation Contractor Information

Cumberland Insulation

910-484-7118

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.

[Signature] Date: 8/12/19
Signature of Owner/Contractor/Officer(s) of Corporation

[Signature] 1-2-20

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: [Signature] President Date: 8/12/19