



Application # _____

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: Matthew McCandless Date: 27Aug19
Site Address: 149 Pine Hawk Dr. Spring Lake, NC 28390 Phone: (774) 602-7758
Subdivision: _____ Lot: _____
Description of Proposed Work: Water Loss Restoration to Existing Structure

General Contractor Information

Jenkins Restorations (919) 610-0364
Building Contractor's Company Name Telephone
2205 Westinghouse BLVD Raleigh, NC 27604 jreynolds@jenkinsrestorations.c
Address Email Address
70380
License #

Electrical Contractor Information

Description of Work Inspect / Repair First Floor Electrical Service Size: 200 Amps T-Pole: Yes No
Action Electric (910) 476-6586
Electrical Contractor's Company Name Telephone
5329 Yadkin Rd. STE B Fayetteville, NC 28303 actionone88@gmail.com
Address Email Address
19277-L
License #

Mechanical/HVAC Contractor Information

Description of Work Replace 1st floor duct in crawlspace
Bass AC (910) 308-1591
Mechanical Contractor's Company Name Telephone
3261 Natal St. Fayetteville, NC 28306 eddie@bass-air.com
Address Email Address
1387
License #

Plumbing Contractor Information

Description of Work Plumbing Repair as needed # Baths 2 1/2
Trinity Plumbing (310) 920-2147
Plumbing Contractor's Company Name Telephone
1989 Wilmington HWY Fayetteville, NC 28306 trinityplb@gmail.com
Address Email Address
32324 P1
License #

Insulation Contractor Information

TriCity (910) 778-8195
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 of Owner/Contractor/Officer(s) of Corporation

27AUG19
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:  PROJECT MANAGER / CO-OWNER Date: 27Aug19