



Application # BRES/19091-0003

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: Kelly Daniel Date: _____
Site Address: 356 Williamstown Ln, Coats N.C. Phone: 910-890-1500
Subdivision: 287 Lot: _____
Description of Proposed Work: new home 32x40 w/16 shelter

General Contractor Information

Building Contractor's Company Name: _____ Telephone: 919-524-2159
Williams Building + Home Repair
Address: 101 W. Spring Branch rd Dunn N.C. Email Address: _____
24975
License #: _____

Electrical Contractor Information

Description of Work: new home Service Size: 200 Amps T-Pole: Yes No
Ideal Electric Telephone: 910-990-5635
Electrical Contractor's Company Name: _____
Address: 1937 Edmond Matthew rd Clinton N.C. Email Address: _____
24870-u
License #: _____

Mechanical/HVAC Contractor Information

Description of Work: new home
J & M Heating + Air Telephone: 910-897-5501
Mechanical Contractor's Company Name: _____
Address: 724 Turbington rd. Dunn N.C. Email Address: _____
17164
License #: _____

Plumbing Contractor Information

Description of Work: new home # Baths: _____
Double J Plumbing LLC Telephone: 910-814-7705
Plumbing Contractor's Company Name: _____
Address: 614 Boyd rd. Dunnbrook N.C. Email Address: _____
21649
License #: _____

Insulation Contractor Information

Parber Brothers P.O. Box 1045 Clinton N.C. Telephone: 910-564-4132
Insulation Contractor's Company Name & Address: _____

*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.

H. Lynn Williams
Signature of Owner/Contractor/Officer(s) of Corporation

9-4-19
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: H. Lynn Williams Owner Date: _____