

WRES1909.0003
BRES1909.0028
WRES1909.0022
PRS 1909.0008
WRES1909.0019

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Building and Trades Permit

Owner's Name: Brian Lloyd Date: _____
Site Address: 110 Sandra Ct, Angier, NC Phone: 919-771-0625
Directions to job site from Lillington: _____

Subdivision: _____ Lot: _____

Description of Proposed Work: See attached - Remodel

Heated SF _____ Unheated SF _____

General Contractor Information: Building Cost \$ _____

Self Contracted / Brian Lloyd
Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Electrical Contractor Information: Electrical Cost \$ _____

Description of Work see attached Service Size: _____ Amps #T-Poles _____

Voltage Electric
Electrical Contractor's Company Name _____ Telephone _____

3612 Sanders Rd, Willow Springs, NC
Address _____ 27592 _____ Email Address djvoltageelectric@yahoo.com

Dennis Williams
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Mechanical Contractor Information: Mechanical Cost \$ _____

Description of Work see attached # Units _____

Owner / Brian Lloyd
Mechanical Contractor's Company Name _____ Telephone 919-771-0625

Address _____ Email Address _____

Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work see attached # Baths _____

Rushin Plumbing LLC
Plumbing Contractor's Company Name _____ Telephone 919-410-5967

1711 Rock Pillar Rd, Clayton, NC
Address _____ Email Address _____

Pl Master # 33242
Signature of Owner/Contractor/Officer(s) of Corporation _____ License # _____

Insulation Contractor Information

Owner / Brian Lloyd
Insulation Contractor's Company Name & Address _____ Telephone 919-771-0625

*NOTE: General Contractor must fill out and sign the second page of this application

Sprinkler Contractor Information

Sprinkler Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name _____

Telephone _____

Address _____

Email Address _____

Signature of Officer(s) of Corporation _____

License # _____

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.

Brian Floyd
Signature of Owner/Contractor/Officer(s) of Corporation

9-13-19
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.

Company or Name: Brian Floyd

Sign w/Title: _____ Date: _____