

Application # 18081910.0024

Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.hamett.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: BRENT JACKSON	Date: 10-8-2019
Owner's Name: BRENT JACKSON  Site Address: 1830 JONESBORD RD DUNN NC  Subdivision: 541448 B. Jackson Property	28334 Phone: 919-820-2665
Subdivision: 54LVIA B. JACKSON PROPERTY	Lot:/
Description of Proposed Work: CONSTRUCT 18'x36'1	NEROUND POOL
General Contractor Information	ı '
CHAPMAN-WILSON POORS, SPAS + HOME Building Contractor's Company Name TMPROVEMENTS	910-424-4663
Building Contractor's Company Name TMPROVEMENTS	Telephone
606 Hope Mius Rd TAYETTEVILLE NC 28304	
Address	Email Address
NC 48613 Bldq UNUM	
2,00,100 11	<u>n</u>
Description of Work Hook up Pool Equipment Service Size:	Zp_Amps T-Pole:YesNo
BAXTERS ELECTRIC	<sup>1</sup> 910-425-6500
Electrical Contractor's Company Name	Telephone
2104 BINGHAM DR 744ETTEVILLE NC 28304	
Address	Email Address
<u>NC - //284 - U</u> License #	
Mechanical/HVAC Contractor Inform	nation_
Description of Work	
D/A	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License # Plumbing Contractor Informatio	n
361	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
r lumbing Contractor's Company Name	relephone
Address	Email Address
•	
License #	
Insulation Contractor Information	<u>on</u>
Insulation Contractor's Company Name & Address	Telephone
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\*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.

10-8-2019

Signature of Owner/Contractor/Officer(s) of Corporation 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: / Olm Howkers AGENT Date: 10-8-2019	