919-868-3900 Harnett

Application # BR851911 - 0009

Harnett County Central Permitting
PO Box 65 Lilington, 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 Scenned cerebactor. Address, company name & phene must enach instemation on Scenne.

Application for Residential Building and Trades Permit

owners Name Joseph + Juzanne langley	Date (VD) (JUIT	
ste Address: 282 Kick Adems Rd	Phone: 919 868-3900	
Subdivision:	Lot	
Description of Proposed Work Quest Suite		
Larry Bar Sect - General Contractor Information	919-795-6511	
	Telephone N/A Email Address	
25487	Email Address/	
License # Electrical Contractor Information		
Description of Work Relative Service Size	ZOOAmps T-Pole: Yes No	
Mabry's Electrical Service Inc	919-639-4837	
Electrical Contractor's Company Name	contact & nylony electrical - co	
131 Nebry Kal Angler, N.C.	Email Address	9
15077-41	TO STREET WHEN THE TOTAL TOTAL TO	
Mechanical/HVAC Contractor Inform	ation	
		8
pescription of Work Mini Split Hent Polin	910-897-5501	
techanical Contractor's Company Name	Telephone	
techanical Contractor's Company Name Road DUNN NO.		
diress	Email Address	
17164		
Plumbing Contractor Informatio	n ,	
was alway in stall both / Kitchen	# Baths /	
Description of Work In Stall Buth / Kitchen Gary Will's Plumbing Inc. Plumbing Confractor's Bornpany Name 2858 Butter Rd. Coats 27521	[719] 894-2987	
Plumbing Confractor's Rompany Narry	Telephone	
2858 Bailey Rd. Eagl 2154	Email Address	
Address	Email Address	
18659		
icense # Insulation Contractor Information	<u>m</u>	
Lanny Barefoot - Gen. Cont.	919-795-6511	
nsulation Contractor's Company Name & Address	Telephone	

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

strong roots - new growth

Sent: ö

Subject:

Fwd: Contract

Jeanann Dawson; Central Permitting Thursday, November 7, 2019 3:17 PM Sue Langley <bowlady@me.com>

From:

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 authoritractors permission to obtain these permits and if any changes occur including listed contractors. As 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 Permiting Department of any and all changes. EXPRED 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. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor Owner Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: 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 to cover them. 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 Pepartment issuing the permit may require certificates of coverage of worker's compensation insurance prior o issuance of the permit and at any time during the permitted work from any person, firm or corporation arrying out the work. Sign w/Tatle: Date: 1/- 4/-19					
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 Ordinance. I state the information on the above contractors is correct as known to me and that by signing Ordinance. I state the information on the above contractors is correct as known to me and that by signing Ordinance. I state the information on the above contractors is correct as known to me and that by signing below I have obtained all autocontractors be 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. Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: General Contractor		50	Harnett COUNTY NORTH CAROLINA		
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 arrying out the work.	Mechanical codes, contractors is corre- permission to ob- number of bedroon changes, I certify it any and all change EXPIRED PERMIT	and the Harnett Country Zoni and the Harnett Country Zoni ct as known to me and that by ain these permits and if any s. building and trade plans, Et is my responsibility to notify to i. FEES - 6 Months to 2 years p	egulations in the Building, ing Ordinance. I state the signing below I have obt- changes occur including list invironmental Health permit the Harnett County Central	Electrical, Plumbing and information on the above ained all subcontractors ited contractors, site plan, changes or proposed use Permitting Department of	
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 arrying out the work.	Xom	Dareford		4-19	
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ign w/Title: Date: 17	department issuing issuance of the p	the permit may require certific ermit and at any time during the	cates of coverage of worke he permitted work from any	r's compensation insurance prior person, firm or corporation	
		vary will		Date: 77 / 17	

Begin forwarded message:

From: Sue Langley < bowlady@me.com>
Subject: Contract

Date: November 7, 2019 at 11:37:55 AM EST

To: bowlady@mac.com