



Application # BRES1911-0012

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: FLOYD O WEST Date: 11-26-19
Site Address: 295 WOOD ROAD DUNN NC 28334 Phone: 919-820-1858
Subdivision: A.B. GODWIN Lot: 8
Description of Proposed Work: ADD 20'x30' SPACE TO EXISTING STRUCTURE

General Contractor Information

FLOYD O WEST - OWNER 919-820-1858
Building Contractor's Company Name Telephone
1505 FAIRVIEW ST DUNN N.C. 28334
Address Email Address
OWNER
License #

Electrical Contractor Information

Description of Work WIRE LIGHTS AND OUTLETS Service Size: 100 Amps T-Pole: Yes No
FLOYD O WEST - OWNER 919-820-1858
Electrical Contractor's Company Name Telephone
1505 FAIRVIEW ST. DUNN N.C. 28334
Address Email Address
OWNER
License #

Mechanical/HVAC Contractor Information

Description of Work RUN DUCTS TO ADDITION
FLOYD O WEST OWNER 919-820-1858
Mechanical Contractor's Company Name Telephone
1505 FAIRVIEW STREET DUNN N.C. 28334
Address Email Address
OWNER
License #

Plumbing Contractor Information

Description of Work THERE IS NO PLUMBING INVOLVED # Baths _____
FLOYD O WEST - OWNER 919-820-1858
Plumbing Contractor's Company Name Telephone
1505 FAIRVIEW ST. DUNN N.C. 28334
Address Email Address
OWNER
License #

Insulation Contractor Information

FLOYD O WEST - OWNER 919-820-1858
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.

Floyd O. West
Signature of Owner/Contractor/Officer(s) of Corporation

11-24-2019
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: Floyd O. West Owner Date: 11/20/2019