



Application # BRES1912-0010

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: NORTHPOINT LAKE CHARLES LLC Date: 12-3-19
Site Address: 100 B PINECREST DR SPRING LAKE Phone: 910 436 3328
Subdivision: _____ Lot: _____
Description of Proposed Work: FIRE RESTORATION Total Job Cost: 10,300.00

General Contractor Information

BEDROCK BUILDERS 910-425-1751
Building Contractor's Company Name Telephone
3004 CRICKET RD FAYETTEVILLE NC BEDROCKBUILDERS@HOTMAIL.COM
Address 28306 Email Address
NC 26637
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: Yes No
ANDERSONS ELECTRICAL 910-224-6969
Electrical Contractor's Company Name Telephone
PO BOX 142 SPRING LAKE ANDERSONELECTRICAL@MAIL.COM
Address Email Address
U-31675
License #

Mechanical/HVAC Contractor Information

Description of Work _____
TOTAL SYSTEMS HEATING AND COOLING 910-436-3450
Mechanical Contractor's Company Name Telephone
13341 HWY 210 SPRING LAKE SERVICE@TOTALSYSTEMSNC.COM
Address Email Address
28846
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
RYAN C ANDERSON 910-224-6969
Plumbing Contractor's Company Name Telephone
Address _____ Email Address
PI-34162
License #

Insulation Contractor Information

A-I INSULATION 2069 YARBOROUGH RD 910-429-2990
Insulation Contractor's Company Name & Address Telephone
ST PAULS

*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.

Allen B Bates
Signature of Owner/Contractor/Officer(s) of Corporation

12/3/19
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: Allen B Bates OWNER Date: 12-3-19