

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: DANNY & JANE JARMON Date: 12/23/2019  
 Site Address: 574 COTTON Rd. Fuquay NC 27526 Phone: (919) 801-3043  
 Subdivision: 25 Jarmom Lane Lot: \_\_\_\_\_  
 Description of Proposed Work: MASTER BATHROOM ADDITION Total Job Cost: 35,000

**General Contractor Information**

CAROLINA REMODELING & CONSTRUCTION LLC  
 Building Contractor's Company Name  
811 GARDEN ST. Lillington NC 27546  
 Address  
81336  
 License #

(919) 602-4890  
 Telephone  
TERRY PEATHY @ EMBARRASMAIL.COM  
 Email Address

**Electrical Contractor Information**

Description of Work BATHROOM ADDITION Service Size: 200 Amps T-Pole: \_\_\_ Yes  No  
DAWSON'S ELECTRIC  
 Electrical Contractor's Company Name  
609 COTTON Rd Fuquay NC 27546  
 Address  
25948  
 License #

(919) 552-0246  
 Telephone  
TRAVIS @ DAWSONSELECTRIC.COM  
 Email Address

**Mechanical/HVAC Contractor Information**

Description of Work DUCT WORK FOR BATHROOM  
B & J HEATING & COOLING  
 Mechanical Contractor's Company Name  
PO BOX 737 BOIES CREEK NC 27506  
 Address  
20380  
 License #

(919) 675-6640  
 Telephone  
BENSHEATAC @ CHARTER.NET  
 Email Address

**Plumbing Contractor Information**

Description of Work PLUMBING FOR NEW BATHROOM  
TOMMY ALLEN PLUMBING  
 Plumbing Contractor's Company Name  
7345 SHADEY STRAIL Ln. Willow Springs NC  
 Address  
33728  
 License #

# Baths 1  
(919) 649-5117  
 Telephone  
TOMMY.ALLEN.PLUMBING.NC @ GMAIL.COM  
 Email Address

**Insulation Contractor Information**

FRIENDS INSULATION  
 Insulation Contractor's Company Name & Address

(919) 291-2438  
 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.**

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

12/23/2019  
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.

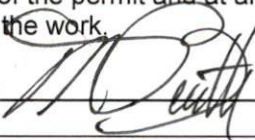
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:

 (owner)

Date: 12/23/2019