



Application # _____

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: Matthew Taylor Dunn Date: 1/6/2020
Site Address: 65 Starcraft Dr., Fugay-Varina NC 27526 Phone: 919-770-6422
Subdivision: Briarwood, Phase III Lot: _____
Description of Proposed Work: Restoration from fire Total Job Cost: \$192,398.44

General Contractor Information

PHC Restoration, Inc. (910) 814-2502
Building Contractor's Company Name Telephone
1601 E. McNeill St. Lillington NC 27546 amy@phcrestoration.com
Address Email Address
49762
License #

Electrical Contractor Information

Description of Work: Open/clean meter/Breaker Service Size: 9.167 Amps T-Pole: 110 Volt Yes ___ No ___
Pioneer Electric (919) 499-7767
Electrical Contractor's Company Name Telephone
80 Neill Thomas Rd., Lillington NC 27546 pioneerelectric@earthlink.net
Address Email Address
U. 21643
License #

Mechanical/HVAC Contractor Information

Description of Work: Repair/Replace HVAC system & ductwork
Haire Plumbing & Mechanical Inc. (910) 483-1421
Mechanical Contractor's Company Name Telephone
367 Winslow St., Fayetteville NC 28301 service@haireplumbing.com
Address Email Address
L. 04230
License #

Plumbing Contractor Information

Description of Work: Install sink, tub, + faucets # Baths: 2
Haire Plumbing & Mechanical Inc. (910) 483-1421
Plumbing Contractor's Company Name Telephone
367 Winslow St., Fayetteville, NC 28301 service@haireplumbing.com
Address Email Address
L. 04230
License #

Insulation Contractor Information

PHC Restoration Inc. 910-814-2502
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.

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

1/16/2020
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: *[Signature]* Date: 1/16/2020