

Application # Breszool-UG1

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

information on license.		/ /
Owner's Name:	n Evring	Date: 1/6/2020
Site Address: 1315	THAN Roberts Rd, Lilling	910 363-9582
Subdivision: N/A	,	Lot: _/\ / A
Description of Propose	d Work: Restoration from ti	(C) Otal Job Cost: \$105, 244.44
	General Contractor Informatio	<u>n</u>
THE ROSTO	ration. Inc.	910-814-2502
Building Contractor's C	Company Name	Telephone
LEOI E. YY	icheill St. Lillington No	- Amyencrestoration (&)
Address	27546	Email Address
49762 License #	_	114 1 100 1/11
-	Electrical Contractor Information	
Description of Work	KEPIACE FUN ANGENSERVICE Size:	Amps T-Pole:YesNo
Yloneer Hec	tric	919-499-7767
Electrical Contractor's	Company Name	Telephone
Address	MINS Na. MITTING ONCINC	ploneerelectrice-tarthlink-net
4.211043	371546	Linux Addiose
License #	_	
4	Mechanical/HVAC Contractor Inform	mation
Description of Work	xeplace HVAC SLISTEM	(0:2 1/2 1/1 1
Haire Plumb	ang+mechanical Inc	(910) 483-1421
Mechanical Contractor	's Company Name	Telephone
Address	WSt. Fayetteville NC	Service Chaireplumbing. Con
L.04220	28301	Ellian / Idarooc
	7 111	see emaila Hachment
Wesley	1 Daily Plumbing Contractor Informati	on
Description of Work _3	Plumbing rough ins	# Baths
Haire Plur	mbing and Mechanical the	. 1910)483-1421
Plumbing Contractor's	Company Name	Telephóne
Stel WINSI	la / At la Lette / I I I I	him sevel of the cook with link not
Address	WSt. Faye teville NC	Differ Cici i Ctartining.
Address	28301	Digner electric earth link. net Email Address
Address License#	28301	Email Address
Address L. 04230	28301	
L. 04230	27929 28301	

*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

1/6/2-02-0

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: Date: 1/6/2020		
Date: 11018000		

Jeanann Dawson

From:

Amy Shilling <amy@phcrestoration.com>

Sent:

Tuesday, February 4, 2020 11:41 AM

To:

Central Permitting

Subject:

[External]Permit # BRES2001-0011

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello.

For job address: 1315 Titan Roberts Rd., Lillington, NC 27546 Please remove Haire Plumbing from this permit and add Wesley Dailey as the plumber. License # L.27929.

Please let me know if you need any other information.

Thank you,



Amy Shilling

Assistant Project Manager



PHC Restoration

910-500-2713

phcrestoration.com