



detached garage

*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # Mack Thurst

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546

910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Buddy R. Nighwonger Date: 1-6-20

Site Address: 456 Wise rd, Dunn NC Phone: _____

Description of Proposed Work: Single family building

General Contractor Information: Building Cost \$ _____

Mack Thurst - Const

919-524-2521

Building Contractor's Company Name

Telephone

2232 Old School Rd Oard NC

mack.t.524@gmail.com

Address

Email Address

Mack Thurst

24835

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

License #

Electrical Contractor Information: Electrical Cost \$ _____

21194 LICENSE NO.

Description of Work: New Service Size: 200A Amps #T-Poles 1/0

R.A. Jackson Electric

919-726-1257

Electrical Contractor's Company Name

Telephone

9241 Rol Rd, Beaufort NC

Address

Email Address

R.A. Jackson

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

License #

Mechanical Contractor Information: Mechanical Cost \$ _____

18644 LICENSE NO.

Description of Work: New # Units 2

Stephenson Heating & Air

919-329-0686

Mechanical Contractor's Company Name

Telephone

343 Shipwreck Dr.

Address

Email Address

Gardner LLC

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

License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work: New # Baths 2 1/2

Danny Sullivan Plumbing

919-669-8860

Plumbing Contractor's Company Name

Telephone

356 Dusty Lane Cost NC

Address

Email Address

Danny Sullivan

22163

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

License #

Insulation Contractor Information

Craze Insulation

919-291-2438

Insulation Contractor's Company Name & Address

Telephone

*NOTE: General Contractor must fill out and sign the second page of this application



Sprinkler Contractor Information

_____ Sprinkler Contractor's Company Name	_____ Telephone
_____ Address	_____ Email Address
_____ Signature of Officer(s) of Corporation	_____ License #

Fire Alarm Contractor Information

_____ Fire Alarm Contractor's Company Name	_____ Telephone
_____ Address	_____ Email Address
_____ Signature of Officer(s) of Corporation	_____ License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.

Signature of Owner/Contractor/Officer(s) of Corporation: *Ry. Mat. Shurt* Date: 1-6-20

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: *Ry. Mat. Shurt* Date: 1-6-20

EASH SUB has own Insurance