

Application # BRES2001-0032

Harnett County Central Permitting PO Box 65 Lillington, NC 27546

* 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. PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

tion on license.	, ,
Owner's Name: James Edwards	Date: 1/15/2020
Site Address: 1079 W. Blackman Rd Dunn A	/C Phone: 919-635-6210
Subdivision:	Lot:
Description of Proposed Work: Mobile AR	_ Total Job Cost: 200,000
General Contractor Information	
BOND	
Building Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Description of Work Wire Work Service Size: 200 Amps T-Pole: Yes X No	
Gens Serv Co	Amps 1-Pole: Yes KNO
Electrical Contractor's Company Name	Telephone
6005 Brack Penny Rd Raleigh 27603	17810claytenhones, con
Address	Email Address
128102	
License # Mechanical/HVAC Contractor Information	
Description of Work 1/15+all HVAC	iation .
Colenna Serv Co	919-1779-1849
Mechanical Contractor's Company Name	Telephone
6005 Brack Fenny Rd. Kaleigh 27603	r 7810 chutanhones. com
Address	Email Address
13327H3 License #	
Plumbing Contractor Information	
	# Baths
Priority Plumbing Cont.	919-422-4935
Plumbing Contractor's Company Name.	Telephone
POB 264 Willow Spring LIC 27592	Email Address
Address 18550	Email Address /
License #	
Insulation Contractor Information	
- HA	
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 of Owner/Contractor/Officer(s) of Corporation 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: