

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: Ricky Brown Date: 1/21/2020
 Site Address: 266 Homestead Ln, Angier, NC 27501 Phone: 919-639-4181
 Subdivision: Homestead Lot: _____
 Description of Proposed Work: Remove 1/2 bath, Bathroom Remodel Total Job Cost: \$14,300.00

General Contractor Information

Caroline Custom Design + Trim 919-255-0726
 Building Contractor's Company Name Telephone
220 Amber Ln Willow Spring NC 27592 RMatt17@yahoo.com
 Address Email Address
 License # _____

Electrical Contractor Information

Description of Work Remove Outlet, Rebrake Service Size: 200 Amps T-Pole: Yes No
Electrical X Parts 919-369-2117
 Electrical Contractor's Company Name Telephone
71 Mistywood Dr Fuquay-Varina Electricalxparts@aol.com
 Address Email Address
22689-2
 License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
 Mechanical Contractor's Company Name Telephone _____
 Address Email Address _____
 License # _____

Plumbing Contractor Information

Description of Work Cap Remove water lines Install Plumbing for New Shower # Baths _____
Paramount Plumbing LLC 919-761-2844
 Plumbing Contractor's Company Name Telephone
181 Anna St, Lillington, NC 27546 Bill.ParamountPlumbing@gmail.com
 Address Email Address
33809
 License # _____

Insulation Contractor Information

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

1/21/2020

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.

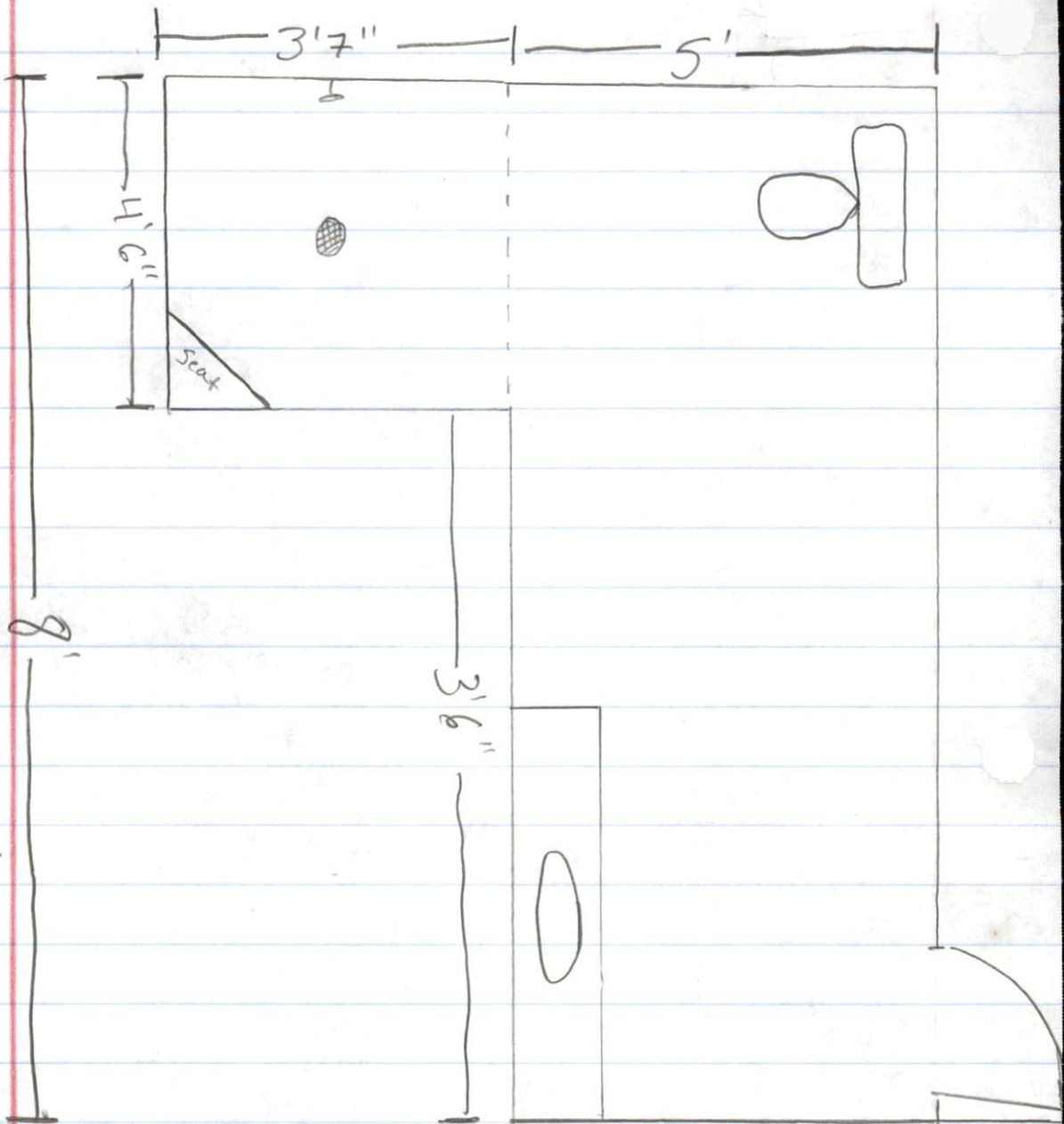
_____ Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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:  Contractor Date: 1/21/2020



266 Home Street LN
Brown Bathroom Remodel