



Application # Bres2002-0006

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: Margie McCLain Date: 2-17-2020
Site Address: 3855 US Hwy 401 Flyers - Vanna NC Phone: 919-5861893
Subdivision: _____ Lot: _____
Description of Proposed Work: _____ Total Job Cost: _____

General Contractor Information

S. J. Raleigh 910 669 9462
Building Contractor's Company Name Telephone
3235 McLean Chapel Church Rd
Address Bunn level NC Email Address
55247
License #

Electrical Contractor Information

Description of Work install Glc Service Size: _____ Amps T-Pole: Yes No
Bruce TT-T Electrical 910 494 1425
Electrical Contractor's Company Name Telephone
P.O. Box 185 Sanford NC 28576
Address Email Address
18227-L
License #

Mechanical/HVAC Contractor Information

Description of Work install HVAC
Kevin Wilkinson Tin Shop 919 499 1757
Mechanical Contractor's Company Name Telephone
3489 Edwards rd Sanford NC 27332
Address Email Address
22513
License #

Plumbing Contractor Information

Description of Work _____ # Baths 2
Chad's MH Transit 910 850 6572
Plumbing Contractor's Company Name Telephone
P.O. Box 35595 Fayetteville NC 28303
Address Email Address
3532
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.

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

2/17/2020
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: *Terby De*

Date: 2/17/2020