



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: Jose Santiago Date: 3-27-2020
Site Address: 136 Curtis Drive Erwin, NC Phone: 910-658-6400
Subdivision: _____ Lot: _____
Description of Proposed Work: 30X36 Garage/Shop Total Job Cost: _____

General Contractor Information

Chuck Smith Construction 919-708-3351
Building Contractor's Company Name Telephone
P.O. Box 3025, 133 Glass Dr. Sanford Sedwards@ccht.biz
Address 27331 NC Email Address
65317 27330
License #

Electrical Contractor Information

Description of Work Garage/Shop Service Size: _____ Amps T-Pole: Yes No
G.E.B. Electric Telephone 775-8689
Electrical Contractor's Company Name
431 Atlas Lane, Sanford NC
Address
17758-4 Email Address
License #

Mechanical/HVAC Contractor Information

Description of Work Mini Split Units
Affordable Heating & Air Telephone 919-
Mechanical Contractor's Company Name
2215 Lee Avenue Sanford, NC 27330 Email Address highflying4x4@gmail.com
Address
20046
License #

Plumbing Contractor Information

Description of Work Install hot water heater, 1/2 Bath # Baths 1 1/2 Bath
McDonald Plumbing Telephone 919-770-0773
Plumbing Contractor's Company Name
5321 Swanns Station Rd., Sanford NC Email Address wcomer3@me.com
Address 11824 27332
License #

Insulation Contractor Information

Insulating Incorporated 919-772-9000
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.

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

3-27-20
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:

Chud Sult

Date:

3-27-20