



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: Ana Daley Date: 5/14/2020
Site Address: 40 Adrian St Holly Springs, NC Phone: 919-352-6414
Subdivision: Jonathan Ridge Lot: _____
Description of Proposed Work: Second floor renovation Total Job Cost: ≈ 25,000

General Contractor Information

Ana Daley 919-352-6414
Building Contractor's Company Name Telephone
40 Adrian St ourdaleygrind@yahoo.com
Address Email Address
License # _____

Electrical Contractor Information

Description of Work wiring installation Service Size: _____ Amps T-Pole: Yes No
Ana Daley 919-352-6414
Electrical Contractor's Company Name Telephone
40 Adrian St Holly Springs, NC ourdaleygrind@yahoo.com
Address Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC installation
Ana Daley 919-352-6414
Mechanical Contractor's Company Name Telephone
40 Adrian St HS, NC same as above
Address 27540 Email Address
License # _____

Plumbing Contractor Information

Description of Work Shower, toilet installation # Baths 1
Ana Daley same as above
Plumbing Contractor's Company Name Telephone
same as above same as above
Address Email Address
License # _____

Insulation Contractor Information

Ana Daley same as above
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.

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

5/14/2020
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: Anne Daley

Date: 5/14/2020