



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: Carrie Richards Date: 5/5/2020
Site Address: 187 Castlebay Dr, Sanford NC 27332 Phone: 910 850-6000
Subdivision: Carolina Lakes Lot: _____
Description of Proposed Work: Enlarge a patio cover Total Job Cost: 9,000.00

General Contractor Information

Barrys Home Repair 910 850-6000
Building Contractor's Company Name Telephone
1106 Coachman Way Sanford NC 27332 JuiceEm@aol.com
Address Email Address
N/A
License #

Electrical Contractor Information

Description of Work _____ Service Size: _____ Amps T-Pole: ___ Yes ___ No
None
Electrical Contractor's Company Name Telephone _____
Address Email Address _____
License #

Mechanical/HVAC Contractor Information

Description of Work None
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License #

Plumbing Contractor Information

Description of Work None # Baths _____
Plumbing Contractor's Company Name Telephone _____
Address Email Address _____
License #

Insulation Contractor Information

None
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.

Barry Chute

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

5/5/2020

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.

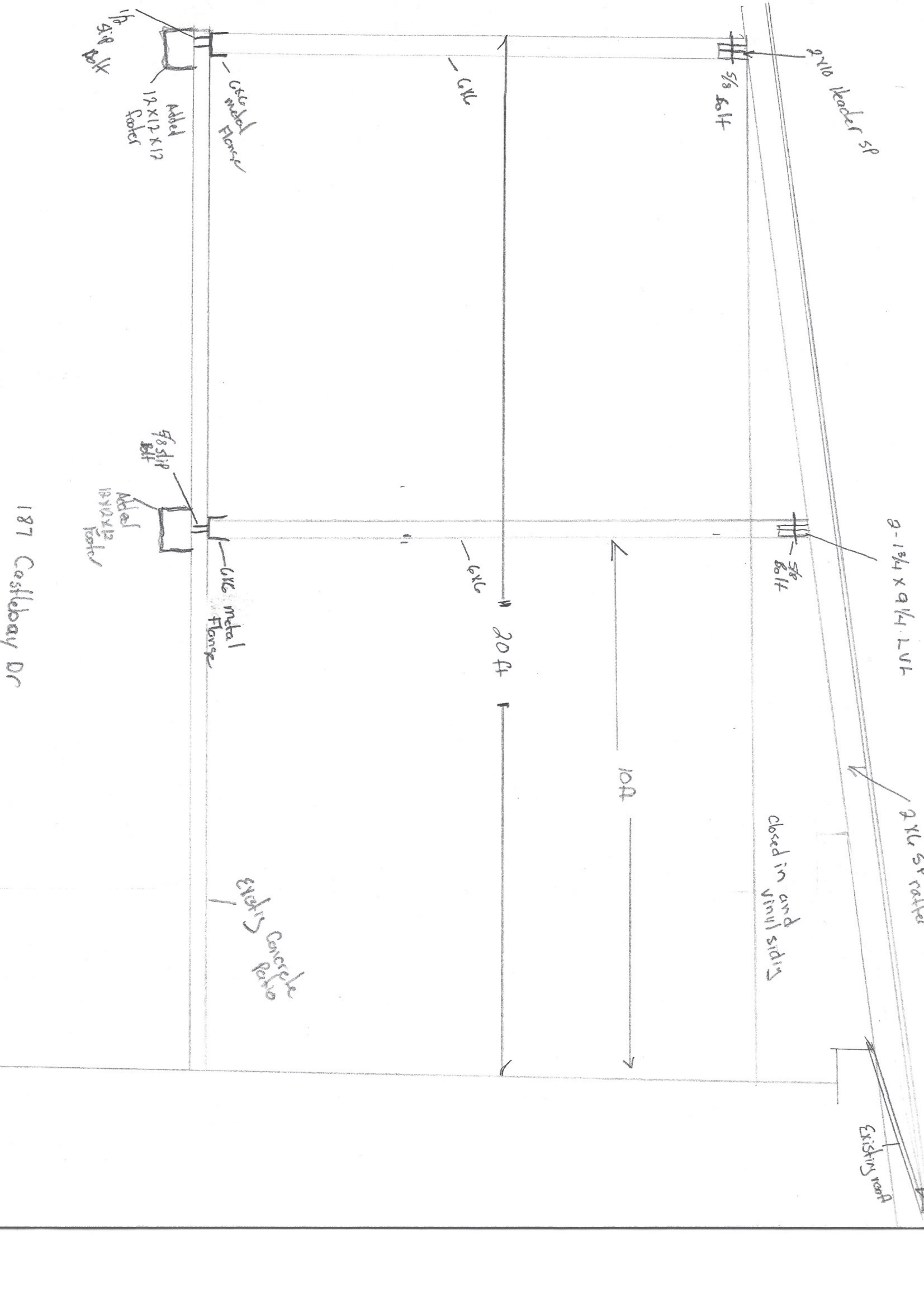
Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

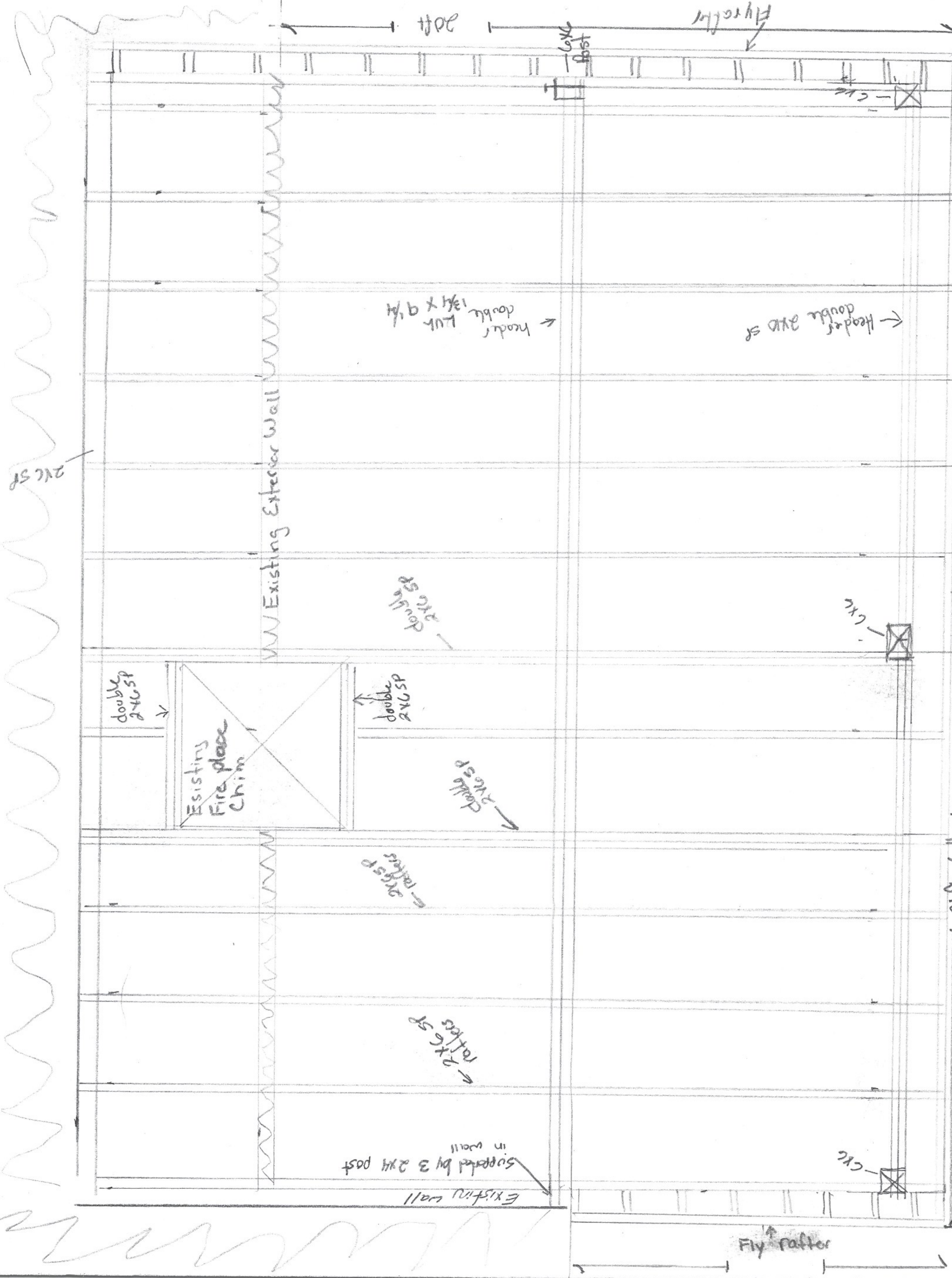
While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: *Barry Chute*

Date: 5/5/2020



187 Castloday Dr



20ft

Fly rafter

post

CRC

headers double 2x4 SP 1 3/4 x 9 1/4

headers double 2x4 SP

2x6 SP

Existing Exterior Wall

double 2x6 SP

CRC

double 2x6 SP

Existing Fire place Chim

double 2x6 SP

double 2x6 SP

2x6 SP rafter

2x6 SP rafter

supported by 3 2x4 post in wall

Existing wall

CRC

Fly rafter