

Application #

* 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. Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name:	Jeffrey & Amanda Elmore		Date: 05/11/2020
	1206 Bill Avery Rd, Coats, NC 27521		
Description of Propos	sed Work: Finish unfinished space upstairs	_ Total Job Cost:	8000
	General Contractor Information		
Amanda & Jeffrey Elmore			2317
Building Contractor's Company Name		Telephone	
	ry Rd, Coats, NC 27521		keeping@gmail.com
Address		Email Address	
License #			
License #	Electrical Contractor Information	n	
Description of Work _	Install lighting and receptaclesService Size: 2	200_Amps T-F	Pole:Yes _No
Jeffrey & Amanda Elmore			2317
Electrical Contractor's Company Name		Telephone	,
1206 Bill Avery Rd, Coats, NC 27521		elmorebookkeeping@gmail.com	
Address		Email Address	
License #	Mechanical/HVAC Contractor Inform	otion	
			and finished anges
	Install HVAC Unit, duct work, and vents		
Jeffrey & Amanda Elmore		919-798-2317	
Mechanical Contractor's Company Name		Telephone	
1206 Bill Avery Rd, Coats, NC 27521		elmorebookkeeping@gmail.com Email Address	
Address		Email Address	
License #			
License #	Plumbing Contractor Informatio	<u>n</u>	
Description of Work		# Baths	
Dodding troit .		,	
Plumbing Contractor	's Company Name	Telephone	
9	s s - 6.70 /		
Address		Email Address	
License #			
	Insulation Contractor Informatio		
	Elmore 1206 Bill Avery Rd. Coats, NC 2752		98-2317
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.

5/11/2020

Amanda Elmore

Signature of Owner/Contractor/Officer(s) of Corporation 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: Amanda Elmore Owner Date: 5/11/2020			

Note: We will be finishing off the upstairs space only. We are not building any walls or sectioning off any space. We will do the electrical, HVAC, Insulation, and finishing the walls.