

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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Clayton Homes Date: 9/18/2020
Site Address: 979 Natchez Trace Fuquay Varina Phone: 919 772 5013
Subdivision: Captains Landing Lot: _____
Description of Proposed Work: _____ Total Job Cost: 165,000⁰⁰

General Contractor Information

Building Contractor's Company Name: BOND - MODULAR Telephone: _____
Address: _____ Email Address: _____
License # _____
HEATED SQ FT: 1080 GARAGE SQ FT: NA

Electrical Contractor Information

Description of Work: install electric Service Size: 200 Amps T-Pole: Yes No
Glenns Service Co Inc Telephone: (919) 779-0849
Electrical Contractor's Company Name: _____
6005 Brack Penny Rd Raleigh 27603 Telephone: _____
Address: _____ Email Address: glennsinc@nc.rr.com
License #: 128702

Mechanical/HVAC Contractor Information

Description of Work: install Heatpump
Mechanical Contractor's Company Name: _____ Telephone: 919-779-0849
6005 Brack Penny Rd Raleigh 27603 Telephone: _____
Address: _____ Email Address: glennsinc@nc.rr.com
License #: 12327H3

Plumbing Contractor Information

Description of Work: connect plumbing # Baths: 2
Priority Plumbing Telephone: 919 422 4935
Plumbing Contractor's Company Name: _____
PO Box 264 Willow Spring 27592 Telephone: _____
Address: _____ Email Address: sjeffr8081@aol.com
License #: 18550P

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.

Maynard Wilkins G.M.
Signature of Owner/Contractor/Officer(s) of Corporation

9/18/2020
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: Maynard Wilkins G.M.

Date: 9/18/2020