

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: Shelton Satterfield Date: 6/1/20
 Site Address: 221 Wed Denning Rd Phone: 919-718-0491
 Subdivision: — Lot: _____
 Description of Proposed Work: 24x32 Detached Garage Total Job Cost: \$ 15,000

General Contractor Information

Assurance Restoration LLC Telephone: 919-762-2821
 Building Contractor's Company Name
180 Wyndham Place Dr Fuquay-Varina NC 27501 Email Address: Dpeggior@gmail.com
 Address
75540 License #

Electrical Contractor Information

Description of Work: New Construction Service Size: 125 Amps T-Pole: Yes No
Maby Electrical Serv. - Detached Garage Telephone: 919-639-4837
 Electrical Contractor's Company Name
731 Mabey Rd Angier NC 27501 Email Address: Amber@MabryElectrical.com
 Address
15077 License #

Mechanical/HVAC Contractor Information

Description of Work: N/A
 Mechanical Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____
 License # _____

Plumbing Contractor Information

Description of Work: N/A # Baths: _____
 Plumbing Contractor's Company Name _____ Telephone _____
 Address _____ Email Address _____
 License # _____

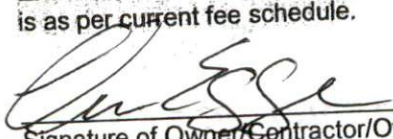
Insulation Contractor Information

N/A
 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.



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

6/1/20

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:

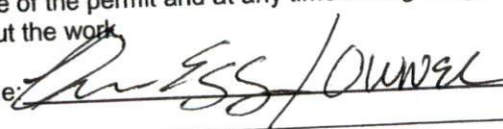
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  _____ Date: 6/1/20