

Application # _____

Harnett County Central Permitting

PO Box 65 Lillington, NC 27546 - Ph: 910-893-7525 - Fx: 910-893-2793 - www.harnett.org/permits

Certification of Work Performed By Owner/Contractor (Individual Trade Application)

Owner (s) of Structure: James Dustin Hinson Phone: 910-624-5130

Owner (s) Mailing Address: 1196 Middle Rd Dunn N.C. 28334

Land Owner Name (s): James Dustin Hinson Phone: 910-624-5130

Construction or Site Address: 1196 Middle Rd Dunn N.C. 28334

PIN # 1505-25-1543 Parcel # _____

Job Cost: \$43,500.00 Description of Work to be done remove old pool and replace with new 18'x36' in ground pool

Mechanical: New Unit With Ductwork New Unit Without Ductwork Gas Piping Other

Electrical*: 200 Amp <200 Amp Service Change Service Reconnect Other
* For Progress Energy customers we need the premise number

Plumbing: Water/Sewer Tap Number of Baths Water Heater

Specific Directions to Job from Lillington:

Subdivision: _____ Lot #: _____

I Chapman Wilson will provide the material & labor on this structure.
(Contractors Name) (Trade)

I am the building owner or my NC state license number is 48613, which entitles me to perform such work on the above structure legally. All work shall comply with the State Building Code and all other applicable State and local laws, ordinances and regulations.

Chapman Wilson Pools Spas & Home Improvements
Contractor's Company Name

910-424-4663
Telephone

606 Hope Mills Rd Fay N.C. 28304
Address

www.ChapmanWilson.com
Email Address

48613
License #

Structure Owner / Contractor Signature: E.M. Bailey Agent Date: _____

By signing this application you affirm that you have obtained permission from the above listed license holder to purchase permits on their behalf. If doing the work as owner you understand that you cannot rent, lease or sell the listed property for 12 months after completion of the listed work.

*Company name, address, & phone must match information on license



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Each section below to be filled out by applicant. Must be signed by licensed contractor. Address secondary name and phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: James Dustin Hinson Date: _____

Site Address: 1196 Middle Rd. Dunn N.C. 28334 Phone: 910-624-5130

Subdivision: _____ Lot: _____

Description of Proposed Work: install inground pool 18x36

General Contractor Information

Chapman Wilson Pools Spa+Home Improvements 910-424-4663
Building Contractor's Company Name Telephone

606 Home Mills Rd. Fay N.C. 28304 WW.ChapmanWilson.com
Address Email Address

48613
License #

Electrical Contractor Information

Description of Work wire inground pool Service Size: Amps T-Pole: Yes No

Baxter Electric 425-6500
Electrical Contractor's Company Name Telephone

Address Email Address

License #

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor's Company Name Telephone

Address Email Address

License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License #

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 or 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.~~

E.M. Bailey Agent
Signature of Owner/Contractor/Officer(s) of Corporation

6-16-2020
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: E.M. Bailey Date: 6-16-2020