Buildins# 33 Unit# 6



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

Application for Residential Building and Trades Permit

| on on license. |
|---|
| Owner's Name: Campbell Pointe Partner LLC Date: 6/22/20 |
| Site Address: 276 Butle Commons Orine Phone: 910 814-4236 |
| Subdivision: LAMPSell Pointe Phase V Lot: |
| Description of Proposed Work: Total Job Cost: |
| General Contractor Information |
| DASON Price Construction Inc 910 814-4236 |
| Building Contractor's Company Name |
| 2323 Reit Hills Rd Lillington Ne 27546 SPRICECON STRUCTION O JAHOD, O |
| Address Email Address |
| 50859 |
| License # |
| Description of Work New Townhome Service Size: 200 Amps T-Pole: Yes No |
| |
| Electrical Contractor's Company Name 719550-7341 Telephone |
| 308 W Man Street (/2 to 1 22=2 550000 1)3061. |
| Address Street (/s, for Ne 27520 STones @ W3electric. con Email Address |
| 11452-u |
| License # |
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| Mechanical/HVAC Contractor Information |
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| Description of Work New Toka home |
| Mechanical/HVAC Contractor Information Description of Work New Tokes have Les for for I for Inc. Mechanical Contractor's Company Name Mechanical Contractor's Company Name Telephone |
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| Mechanical/HVAC Contractor Information Description of Work New Town Law Town Lert Inc Plus 858-0000 Mechanical Contractor's Company Name Telephone 207 W. Day & Pannell St. Pankton NC 28371 Chrin Certified Compail. com Address Email Address H3 (1 200/2 License # Plumbing Contractor Information Description of Work New Town have # Baths 1 6 lovers Contract Plumbing Town 919868 0959 |
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| Mechanical/HVAC Contractor Information Description of Work New Town home Lest of Sud Heating + Air Inc. Mechanical Contractor's Company Name Telephone 207 W. Dan'd Pannell St. Panklow NC 28371 Chrin Certified Compail. com Email Address H3 C1 200/2 License # Plumbing Contractor Information Description of Work New Town home # Baths 6 lowers Contract Plumbing Inc. Plumbing Contractor's Company Name Telephone 394 Runi (Hollow San ford, NC 27332 Slave plumbing in a Regular formation) |
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*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

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: 6/22/20 |