

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

on on hocket.	
Owner's Name: Brad Smyder	Date: <u>7-22-202</u>
Site Address: 103 Dino Court Sanford NC 21332	Phone: 910 - 624 - 538/
Subdivision: Cypress Creek Faims Description of Proposed Work: Swimming Pool	Lot:
Description of Proposed Work: Swimming Pool	Total Job Cost: \$91,000
General Contractor Information	28
Parnell Pool & Soq Building Contractor's Company Name	
Building Contractor's Company Name	910 - 734 - 9449 Telephone
1380 Linkhaw RJ Lumberton NC	Email Address
Address	Email Address
68587	
License # Electrical Contractor Information	
Description of Work Run Service from Ganel to Equip Service Size:	Amps T-Pole:YesNo
J. Townsend Elect	
I. Townsend Elect Electrical Contractor's Company Name	<u>910 - 818 - 8531</u> Telephone
535 Teds Rd Parkton NC 28371	Wofford 82 (parthlink. Net
Address	Email Address
25452-1	
License # Mechanical/HVAC Contractor Inform	ation
Description of Work NA	ation .
Description of Work	
Mechanical Contractor's Company Name	Telephone
The state of the s	
Address	Email Address
License #	
Plumbing Contractor Information	
Description of Work	_# Baths
	Talabasa
Plumbing Contractor's Company Name	Telephone
Address	Email Address
Address	Email Address
License #	
Insulation Contractor Information	<u>n</u>
NA	
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

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: Naylan Kunt VP Date: 7-22-2020	