

\* 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 # \_\_\_\_\_

Harnett County Central Permitting PO Box 65 Lillington, NC 27546 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

## **Application for Residential Building and Trades Permit**

Owner's Name: MIKE & MICHELLE FREEMAN		Date: 9-4-2020
Site Address: 1140 MABRY RD, ANGTER NC 27501	Phone:	919-868-7290
Subdivision:	Lot:	
Description of Proposed Work: INTERIOR RENOVATION/KITCHEN	_ Total Job Cost:	44,700
General Contractor Information		
A-1 BUILDERS OF CHATHAM, INC	919-837-5467	
wilding Contractor's Company Name	Telephone	
6909 NC HWY 902 BEAR CREEK NC 27207	JBRAY193@GM	AIL:COM
ddress	Email Address	
70802 icense # Electrical Contractor Informatio	<u>n</u>	
Description of Work KITCHEN ALTERATION Service Size:	400 Amps T-F	ole:Yes /_No
POWER SOURCE ELECTRICAL	919-422-5208	
Electrical Contractor's Company Name	Teléphone	
3005 LINDSAY DR, GARNER 27529		ELECTRICAL@GMAIL
Address	Email Address	
Description of Work RELOCATE GAS LINES FOR RENOVATION		
MOSELEY'S HVAC	919-333-9553 Tolophopo	
Mechanical Contractor's Company Name	Telephone	
101 HOPE LANE, CLAYTON NC 27527	Email Address	C1@AOL:COM
Address	Email Address	
28865		
License # Plumbing Contractor Informatio	on.	
Description of Work RELOCATE PLUMBING/INSTALL NEW FIXTURES	# Baths_NONE	
MAC-VANN PLUMBING INC	919-577-0748	
Plumbing Contractor's Company Name	Telephone	The same of the sa
4792 RAWLS CHURCH RD, FUQUAY-VARINA NC	MIKE FREEMA	N@MAC-VANN.COM
AZZZZAW LS CHORCA RO, 1 O O O O O O O O O O O O O O O O O O	Email Address	
19245		
License #		
Insulation Contractor Information	<u>on</u>	
TRI-CITY INSULATION	919-790-9684	
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.

9-4-2020 Date

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Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the:	
General Contractor Owner Officer/Agenit of the Contractor or Owner	
Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the viset forth in the permit:	work
Has three (3) or more employees and has obtained workers' compensation insurance to cover the	em.
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to covinem.	er
Has one (1) or more subcontractors(s) who has their own policy of workers compensation insurar covering themselves.	ice:
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 to issuance of the permit and at any time during the permitted work from any person, firm or corporation	prior
Sign w/Title: Jenn Sun Contractor Date: 7-4-200	20

Basic Plumby 919. 772-4302 License # 5100 P.O. Box 1241 GARNER, N.C. 27529