

Application # _____

* 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. 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

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Owner's Name: Alexander Melissa Crymley	Date: 9 · 7 · 20
Owner's Name: Alexander: Melissa (rumley Site Address: 50 Heatherspring Wlay Spring Lake NC 2	E390 Phone: 910. 366-1791
Subdivision: Anderson Creek Club	Lot:
Description of Proposed Work: 16' x 40' ingrand pool	Total Job Cost: 94 795
General Contractor Information	
Pariot Bay Pools	9,9.577 4847
Building Contractor's Company Name	Telephone
Po Box 565 Hope Mills NC 28348 Address	
Address	Sales @ pariot baypools nc. com Email Address
69990	Lindi Address
License #	
Electrical Contractor Informatio	n
Description of Work wire pool equip Service Size:	Amps T-Pole:YesNo
- (umberland Electrical Service)	910-316-781)
Electrical Contractor's Company Name	Telephone
3660 Thrower Rd, Hope Mills NC 28348	
Address	Email Address
Mechanical/HVAC Contractor Inform	ation
Description of Work	
2000 PRIOTION WORK	The state of the s
Mechanical Contractor's Company Name	Talanhan
mosnamodi contractor a company Name	Telephone
Address	Eil 0.11
7.441.000	Email Address
License #	
/ Plumbing Contractor Information	1
Description of Work	_ _# Baths
	TH Datiis
Plumbing Contractor's Company Name	Telephone
, tame	relephone
Address	Email Address
	LITIGII AUGI 600
License #	
Insulation Contractor Information	<u>1</u>
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	
9-7.70	
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 and (1) as mare subconfine stems (a) and be a detained and the second stems (b)	
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:	
Sign w/Title: Date: 9-1-20	

