

Application # _

* Each section below to be filled out by whomever performing work. Must be owner/occupier 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

	4/0/
Owner's Name: JAMES Young	Date: 121/20
Site Address: 6/8 BALLARD ROad	Phone: 919-637-2479
Subdivision:	Lot:
Description of Proposed Work: Inground Concrete Pool	Total Job Cost: 123, 365
General Contractor Information	ect teguipment
Swim Date tools, LCC	919-629-1331
Building Contractor's Company Name	Telephone
5984 Six Forks Hoad, Kaleigh, NC	operations @swiming M. dom
Address 27609	Email Address
80889 HEATED SOFT DARRAGE SO	. ,
2.7 He Electrical Contractor Information	-Pool Equipment hookup
Description of Work VS Pump, Tow Voltage, Service Size:	5 DAmps T-Pole:YesNo
License # 3.7 HP Electrical Contractor Information Description of Work & Pump Inwited Face. Service Size: ZAR Electrical Contractor's Company Name POROX 235 VOLUMENTE UP 27596	45km 919-435-7725
Electrical Contractor's Company Name	Telephone
Electrical Contractor's Company Name POBOX 235, Youngsnile, NC 27596 Address	ZARDOOISEG Mail. Com
275552	Email Address
License #	
Mechanical/HVAC Contractor Inform	ation
Description of Work DOOL heater, -400,000	BTU PropANE
Mechanical Contractor's Company Name	BTU PropANE 919-926-1495
Mechanical Contractor's Company Name	Telephone
1108-B Navell Road Radygh, NC	permit@callelement.
31519 H-3 Class 1 27607	Email Address Com
License #	
Plumbing Contractor Information	1
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	
Address	Email Address
License #	
Insulation Contractor Information	1
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.

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Todd Williams	9/21/20
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: Jodd Wellian, President Date: 9/21/20	