



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

Owner's Name: Michael Anderson Homes, Inc Date: 3-30-21
Site Address: 3797 Rawls Church Rd, Fuquay-Varina, NC 27526 Phone: 919-868-8294
Subdivision: Oak Creek Lot: 14
Description of Proposed Work: New single family home Total Job Cost - \$180,000

General Contractor Information

Michael Anderson Homes, Inc 919-868-8294
Building Contractor's Company Name Telephone
180 Woodland Ridge Dr., Fuquay-Varina, NC 27526 michaelandersonhomes@gmail.com
Address Email Address
50512

License # _____

Electrical Contractor Information

Description of Work New SFD Service Size: 200 Amps T-Pole: Yes No
Joseph Micheal Fredley 919-390-8954
Electrical Contractor's Company Name Telephone
421 Virgil Road, Durham, NC 27703
Address Email Address
L-32169

License # _____

Mechanical/HVAC Contractor Information

Description of Work New SFD
JC's Heating & Cooling, Inc 919-369-2657
Mechanical Contractor's Company Name Telephone
1539 Wade Stephens Road, Holly Springs, NC 27540
Address Email Address
12655

License # _____

Plumbing Contractor Information

Description of Work New SFD # Baths 1.5
Camden's Plumbing & Repair, Inc 919-669-4650
Plumbing Contractor's Company Name Telephone
PO Box 1359, Fuquay-Varina, NC 27526
Address Email Address
18903-PL

License # _____

Insulation Contractor Information

Insulating Inc 5902 Fayetteville Rd, Raleigh, NC 27603 919-772-9000
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.

Michael Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

3-30-21
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: Michael Anderson, president

Date: 3-30-21