



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/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Neil and Lisa Avery Date: 11/09/2020

Site Address: 228 Armstrong Street Dunn NC 28334 Phone: 910.897.8137

Subdivision: _____ Lot: _____

Description of Proposed Work: In ground concrete swimming pool with spa Total Job Cost: \$143,000.00

General Contractor Information

Clayton Britt & Sons Inc

910.868.8319 / 910.868.1270

Building Contractor's Company Name

Telephone

PO Box 29 Fayetteville NC 28302

Mbhaire@spaandpoolworld.com

Address

Email Address

UNBLD 35207

HEATED SQ FT _____

GARAGE SQ FT _____

License #

Electrical Contractor Information

Description of Work Pool Bonding, Equipotential Bonding, Equipment Hook up Service Size: _____ Amps T-Pole: Yes No

Ian Avery Electric

910.897.8137 / 919.820.0873

Electrical Contractor's Company Name

Telephone

228 Armstrong Street Dunn NC 28334

Avery.ian32@gmail.com

Address

Email Address

#22345 Limited

License #

Mechanical/HVAC Contractor Information

Description of Work N/A

N/A

Mechanical Contractor's Company Name

Telephone

Address

Email Address

License #

Plumbing Contractor Information

Description of Work N/A # Baths _____

N/A

Plumbing Contractor's Company Name

Telephone

Address

Email Address

License #

Insulation Contractor Information

N/A

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

11/10/2020

 Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

XXXX 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:

XXX 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:  Sr. Project Coordinator Date: 11/20/2020