



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: Charles Ethan Faulkner Date 12-14-2020

Site Address: 757 Cokesburg Park LN Phone 843-653-8006

Subdivision: Cokesburg Park Lot _____

Description of Proposed Work: Finish existing Bonus room Total Job Cost 9,000

General Contractor Information

Charles Ethan Faulkner 843-653-8006
Building Contractor's Company Name Telephone

Address _____ C Ethan Faulkner@gmail.com
Email Address

License # _____ HEATED SQ FT 276 GARAGE SQ FT

Electrical Contractor Information

Description of Work install service for HVAC + Electric in Bonus room Service Size: _____ Amps T-Pole: Yes No

Combs Electric Group, LLC 919-337-5493
Electrical Contractor's Company Name Telephone

3509 Meadow haven Drive Apex, NC 27534 admin@combselectricgroup.com
Address Email Address

U-30533
License #

Mechanical/HVAC Contractor Information

Description of Work install "Mini Split" system in bonus room
Dupree Heating & Air 919-291-0573
Mechanical Contractor's Company Name Telephone

2085 Eddie Howard Road Willow Spring, NC ~~27592~~ 27592 Dupree HVAC@yahoo.com
Address Email Address

31834
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone _____

Address _____ Email Address _____

License # _____

Insulation Contractor Information

Insulating INK 5902 Fayetteville RD 919-772-9000
Insulation Contractor's Company Name & Address #4530 Telephone

Raleigh NC 27603

***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

12-14-2020
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: _____ Date: _____