

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

or. Address, company phone must match on on license.	Application for Residential Building and Tr	rades Permit Jackson
Owner's Name:	Steven P. Jackson Joan	Neuman Date: 12-15-2020
	learwater Harbor Sanford,	K27332 Phone: 917 656 5588
_	olina Lakes	Lot: d 81
Description of Propose	d Work Harrye Conversion to	Total Job Cost / 8, 500
mother st	General Contractor Information	
57 e	UEN JACKSON	9/7 656 5588
Building Contractor's C	company Name	Telephone
100 OA	KTOP COURT Raleigh, NC	Email Address) @gmail, com
Address	A second residence of the contract of the cont	Email Address) @ gmail, com
License #	HEATED SQ FT GARAGE SC	DEI
	Electrical Contractor Informatio	<u>n</u>
	AN DARD OUTLET/LTING CIRCOPTSice Size:	The state of the s
HAUSEN BUILDING + ELECTRICAL CONTRACTOR Electrical Contractor's Company Name		919-239-3364 Telephone
	BY DR. GARNEL NC 27529	ROBWIL HALD GMAIL. COM
Address	01.000 10 2.30	Email Address
SP. SFD. 242	20	
License #	Mechanical/HVAC Contractor Inform	antion
Description of Work THRU- WALL SELF CONTAINED HVAC UNIT		
Mechanical Contractor	s Company Name	Telephone
Address		Email Address
License #	_	
Witchew	Plumbing Contractor Informatio	n ·
Description of Work B	athroom routh-in	#Baths / (ONE)
Wayne	Comer McDonald Plunti	4919 770 0773
Plumbing Contractor's	Company Name	Telephone
5321 Su	Jann Station M,	wcomer@windstream.net
Address	8)4 SANTITUDE	Email Address
License #	29/	
Insulation Contractor Information		
HOME DWNE		SAME AS G.C.

*NOTE: General Contractor / owner must fill out and sign the second page of this application.

Telephone

Insulation Contractor's Company Name & Address



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

12/12/2020

Affidavit for Worker's Compensation N.C.G.S. 87-14
The undersigned applicant being the:
General Contractor
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: Date: