

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

on on license.		
Owner's Name: Dale & Stacey Griffin		Date: 12/21/2020
Site Address: 792 Cypress Church Rd		Phone: 910-850-0948
Subdivision:		Lot: 9554-22-0574.000
Description of Proposed Work: Bedroor	m and Bathroom Remodel	Total Job Cost: 26,535
Ge	neral Contractor Information	1
J. A Hart Construction, Inc		919-777-0999
Building Contractor's Company Name		Telephone
3408 Lee Ave, Sanford, NC 27332		jonhart@jahartconstruction.com
Address		Email Address
81140 HEATED	SQ FT GARAGE SC	Q FT
B. M. C. Ele	ctrical Contractor Informatio	n
Description of Work Bath Rem	odel Service Size:	Amps T-Pole:YesNo
Wicker Electric, Inc		919-770-0472
Electrical Contractor's Company Name		Telephone
454 Womack Lake Cr, \$anford, NC 27330		wickerelectric@gmail.com
Address		Email Address
10908L		
License #	ical/HVAC Contractor Inform	ation
Description of Work	icalitiva o contractor inform	ation
Description of Work		
Mechanical Contractor's Company Name		Telephone
Address		Email Address
License #		
Description of Work Bathroom	mbing Contractor Information	
	Kemodel	_# Baths
McLymore Plumbing, LLC		919-774-7353
Plumbing Contractor's Company Name		Telephone
5783 Lemon Springs Rd, Sanford, NC 27330		rpmclymore@windstream.net
Address 30617		Email Address
License #		
	lation Contractor Information	<u>n</u>
Insulation Contractor's Company Name & Address		Telephone



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.

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



no change to footprint