



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: Daniel + Ivette Lasera Date: 1/8/21
Site Address: 230 Whit Ct. Angier NC, 27501 Phone: 910-273-7640
Subdivision: _____ Lot: _____
Description of Proposed Work: 16x32 inground pool, 900 sq ft Total Job Cost: 54,000

General Contractor Information

Rising Sun Pools Telephone: 919-851-9700
Building Contractor's Company Name
5608 Hillsborough St Email Address: josh@risingsunpools.com
Address
69807 HEATED SQ FT 0 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work Standard pool electrical Service Size: 30 Amps T-Pole: Yes No
Harte Pool Wiring and Lighting Telephone: 919-868-8145
Electrical Contractor's Company Name
108 E Woodwards Industrial Ct Cary, NC 27511 Email Address: harte.pool.wiring.and.lighting@gmail.com
Address
30707-L
License #

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone _____
Address Email Address _____
License #

Plumbing Contractor Information

Description of Work N/A # Baths _____
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.

Kelly Blair

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

1/8/21
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: _____ Date: _____