Q.14.21



\* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application # \_\_\_\_\_

Harnett County Central Permitting

420 McKinney Pkwy Lillington, NC 27546 PO Box 65 Lillington, NC 27546 910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

## Application for Residential Building and Trades Permit

Owner's Name: Joseph and Jennifer Marshall	DateDate	
Site Address: Lot 2 Cypress Rd Cameron NC (PID 5100282 - lot 2)		
Subdivision:	Lot	
Description of Proposed Work: new construction, single family dw	relling Total Job Cost \$357,000.00	
General Contractor Information		
Mabus Farm and General Contracting, LLC	910 992-8180	
Building Contractor's Company Name	Telephone	
PO Box 400, Vass NC 28394	TeamMabus@mabusgc.com	
Address	Email Address	
79157 HEATED SQ FT 1895 GAI	RAGE SQ FT	
License #		
Electrical Contractor Information		
	ce Size: 400 Amps T-Pole: X Yes No	
Wester & Pace Electric	919 499-3946	
Electrical Contractor's Company Name	Telephone	
614 Leslie Rd, Sanford NC 27332		
Address	Email Address	
12007-U		
License #		
Mechanical/HVAC Contractor Information		
Description of Work new construction		
Sandhills Heating and Air	910 690-6271	
Mechanical Contractor's Company Name	Telephone	
PO Box 1341, Southern Pines NC 28388		
Address	Email Address	
30377		
License #		
Plumbing Contractor Information		
Description of Work new construction	# Baths <u>2.5</u>	
McDonald Plumbing	910 245-4812	
Plumbing Contractor's Company Name	Telephone	
5321 Swanns Station Rd, Sanford NC 27332		
Address	Email Address	
11824		
License # Insulation Contractor Information		
THE COLUMN		
Insulation Contractor's Company Name & Address	910 486-8855 Telephone	
insulation Contractor's Company Name & Address	relephone	

\*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.

<b>EXPIRED PERMIT FEES</b> - 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	08/02/2021 Date	
Affidavit for Worker's Compensation N.C.G.S. 87-14		
The undersigned applicant being the:	1000	
X General Contractor X Owner Officer/A	gent 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:		
X 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: Gen Contr, Owner	Date: 08/02/2021	