



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: Johnnie & Karen Deal Date: _____
Site Address: 1026 Chic Ennis Road Benson NC Phone: 919-369-4862
Subdivision: _____ Lot: _____
Description of Proposed Work: Total Remodel Total Job Cost: 85,000.00

General Contractor Information

Bim Builders LLC 919-524-5852
Building Contractor's Company Name Telephone
6187 NC 27 East Coats NC jb.bim@hotmail.com
Address Email Address
50541 HEATED SQ FT 1463 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work all New Electric Service Size: 200 Amps T-Pole: Yes No
Byrd Electrical 919-669-3843
Electrical Contractor's Company Name Telephone
43 Mingo Road Benson NC
Address Email Address
20256-L
License #

Mechanical/HVAC Contractor Information

Description of Work all New units, ducts
J&M Heating & AC 919-897-5501
Mechanical Contractor's Company Name Telephone
724 Turlington Road Dunn NC jandm hvac @ century link
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work all new piping & drain # Baths 1 & 1/2
Clancy Plumbing 919-520-5154
Plumbing Contractor's Company Name Telephone
281 Surles Road Benson NC
Address Email Address
15884
License #

Insulation Contractor Information

Mozingo Insulation 919-422-9927
Insulation Contractor's Company Name & Address Telephone
1136 Bluegrass Rd Selma NC

***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.

Danny Pellard
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:

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: *Danny Pellard* *Owner* Date: _____