



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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: William Mottley Date: 2.4.21
Site Address: 18 Dunes Cir. Phone: 910.676.3436
Subdivision: Carolina Lakes Lot: 104
Description of Proposed Work: convert unfinished basement to finished

General Contractor Information

William Mottley (owner) 910.676.3436
Building Contractor's Company Name Telephone
18 Dunes Cir. Sanford 27332 jen.mottley@gmail.com
Address Email Address

License # _____

Electrical Contractor Information

Description of Work ^{18 recessed lights} ^{2 kitchenette circuits} 1 bath circuit, 14 receptacles Service Size: 400 Amps T-Pole: Yes No
Rick Goforth Electric, LLC 910.273.3451
Electrical Contractor's Company Name Telephone
820 Marchland Dr. Fayetteville 28303 Acesx7@yahoo.com
Address Email Address

U.14935

License # _____

Mechanical/HVAC Contractor Information

Description of Work 2 ton HVAC unit includes electrical.
Air Pro Heating and Air Conditioning 910.356.8588
Mechanical Contractor's Company Name Telephone
6609 Yodkin Rd. Fayetteville, NC 28303
Address Email Address

L.34809

License # _____

Plumbing Contractor Information

Description of Work Install 1 sink drain + water, setting shower + valve ^{4 kitchenette} # Baths 1
Pipeworx Plumbing 919.775.1019
Plumbing Contractor's Company Name Telephone
P.O. Box 754 Sanford 27331 office@mypipeworx.com
Address Email Address

31056

License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

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

Approved Jan. 7, 2021
+
Finald
Harnett
County
Permit
No.:
MRES2012-
0030

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.

W.E. Settle
Signature of Owner/Contractor/Officer(s) of Corporation

2.4.21
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: William E. Settle Date: 4 FEB 21