



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: Anthony Hall Date: 2-12-21
Site Address: 3446 McNeill Rd Sanford NC Phone: 919-478-7622
Subdivision: N/A Lot: _____
Description of Proposed Work: Renovation Total Job Cost: _____

General Contractor Information

PAR Builders II 919-708-3401
Building Contractor's Company Name Telephone
1038 S. Belcher Rd Largo FL BreggieP@gmail.com
Address Email Address
41001
License # **HEATED SQ FT** 1200 **GARAGE SQ FT** 200

Electrical Contractor Information

Description of Work Service change out & Interior Service Size: 200 Amps T-Pole: Yes No
Jm POPE Electrical LLC 910-890-3655
Electrical Contractor's Company Name Telephone
409 Chatham ST Sanford NC marshall.pope@gmail.com
Address Email Address
21326 L
License #

Mechanical/HVAC Contractor Information

Description of Work Switch out Unit
D+D HVAC 919-628-2183
Mechanical Contractor's Company Name Telephone
605 Chatham ST DDavis@ddHVACllc.com
Address Email Address
23371
License #

Plumbing Contractor Information

Description of Work Interior Switch & Update P.p.s # Baths 2
Double J Plumbing LLC 910-814-7705
Plumbing Contractor's Company Name Telephone
614 Byrd Rd Burnsville JamieJohnsonPlumbing@gmail.com
Address Email Address
21649
License #

Insulation Contractor Information

Owner to Install 919-478-7622
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.

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

2-12-21
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: [Signature] GC

Date: 2-12-21