



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: Cindy + Mike McDonald Date: 8-3-21
Site Address: 10 Mackenzie Ct. Phone: 919 753 8371
Subdivision: Bellwood woods Lot: _____
Description of Proposed Work: Adding a Family room + screw porch deck Total Job Cost: 70,000.00

General Contractor Information

Horizon Building Solutions 919 868 2493
Building Contractor's Company Name Telephone
1920 N Bryson Ct Fuquay Varina Horizoncustomers@lydoo.com
Address Email Address
74206 HEATED SQ FT 576 GARAGE SQ FT —
License #

Electrical Contractor Information

Description of Work Wire new addition Service Size: 200 Amps T-Pole: Yes No
Farrow Electric Inc 919 687 3733
Electrical Contractor's Company Name Telephone
801 E Trinity Ave Durham NC 27704 Farrowelectric3733@frontier.com
Address Email Address
3733
License #

Mechanical/HVAC Contractor Information

Description of Work Adding Vents + unit to new addition
ALL Medic LLC 336-512-1083
Mechanical Contractor's Company Name Telephone
1316 Whitaker Rd Mebane NC 27302 Robert@TheACMedic.com
Address Email Address
33766
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

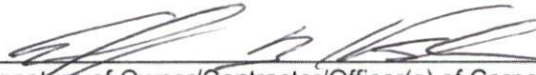
HomeWorth Inc 5222 Guess Rd. Raleigh 919-957-9600
Insulation Contractor's Company Name & Address Telephone

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

8-3-21
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:  President Date: 8-3-21