



Application # \_\_\_\_\_

Harnett County Central Permitting

P.O. Box 65 Lillington, NC 27546  
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

**Application for Residential Building and Trades Permit**

\* 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.

Owner's Name: Michael & Cynthia Macdonald Date: 4-26-21

Site Address: 10 MacKenzie Court Fuquay-Varina 27304 Phone: \_\_\_\_\_

Subdivision: Ballard Woods Lot: 27

Description of Proposed Work: addition of new deck Total Job Cost: \$102,000

**General Contractor Information**

Building Contractor's Company Name: Razon Contracting LLC Telephone: 516-810-1006

Address: 38 East Depot St. Hargett, NC 27501 Email Address: razoncontracting@gmail.com

License #: 77924 HEATED SQ FT 552 sq ft GARAGE SQ FT N/A

Description of Work: wire addition & exterior lights Service Size: 200 Amps T-Pole: Yes  No

Electrical Contractor's Company Name: CTS Electric Telephone: 919-760-503

Address: 135 Bowling Rd. Fuquay-Varina, NC 27306 Email Address: crayfordr80@gmail.com

License #: 28533

**Mechanical/HVAC Contractor Information**

Description of Work: run heat & A/C for addition Telephone: 919-361-0993

Mechanical Contractor's Company Name: H. Manner Heating & A/C, INC Telephone: info@mannervhvac.com

Address: 1000 Goodworth Dr. Apex, NC 27539 Email Address: \_\_\_\_\_

License #: 12309

**Plumbing Contractor Information**

Description of Work: \_\_\_\_\_ # Baths: \_\_\_\_\_

Plumbing Contractor's Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

License #: \_\_\_\_\_

**Insulation Contractor Information**

Insulation Contractor's Company Name & Address: Insulating, INC - 5923 Fayetteville Rd Raleigh, NC 27603 Telephone: 919-256-9100

\*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 **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 \_\_\_\_\_

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 subcontractor(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractor(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: Justin Ragan - General Contractor Date: 4-26-21