



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: Larry Gasteiger Date: 3/4/2020
Site Address: 797 Colkesbury Park Ln Phone: 512 672 9217
Subdivision: Colkesbury Park Lot: _____
Description of Proposed Work: Add Front Covered Porch Total Job Cost: \$15,000.00

General Contractor Information

Triangle Home Pros 919 346 1528
Building Contractor's Company Name Telephone
6312 Lauraca Ln Fuquay Varina, NC THPHOMES@gmail.com
Address Email Address
77019
License #

Electrical Contractor Information

Description of Work Misc Work Service Size: _____ Amps T-Pole: Yes No
NEC Power 919 608 3826
Electrical Contractor's Company Name Telephone

MNICLAUS@NECPOWER.COM 117 Wild Blossom Dr Apex, NC
Email: Address Address
283704
License #

Mechanical/HVAC Contractor Information

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

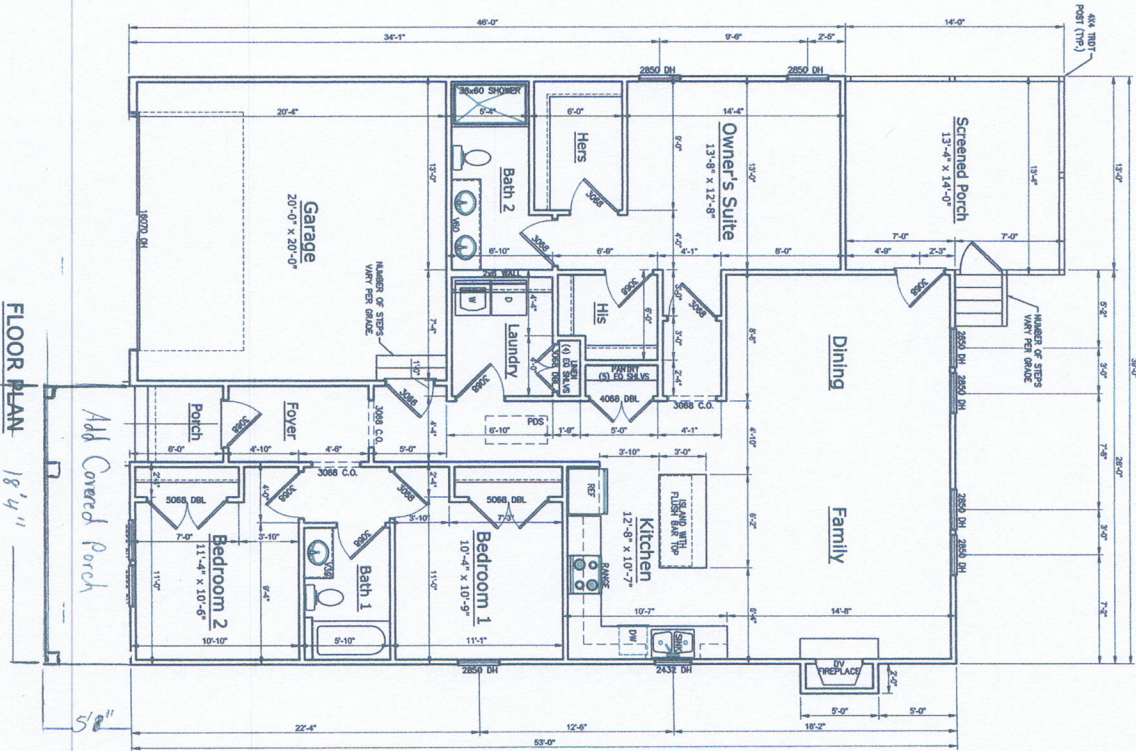
Plumbing Contractor Information

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

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

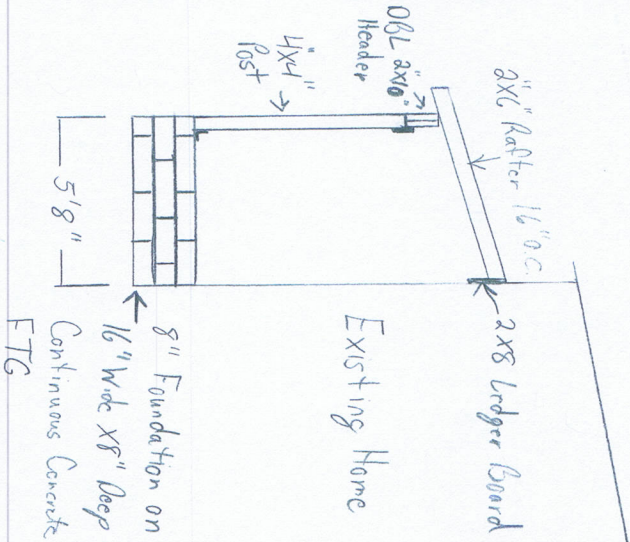
***NOTE: General Contractor / owner must fill out and sign the second page of this application.**



FLOOR PLAN
18'4"

Add Covered Porch

SQUARE FOOTAGE	
1st FLOOR	1541 SQ. FT.
TOTAL FINISHED SPACE	1541 SQ. FT.
SCREENED PORCH	24 SQ. FT.
LAUNDRY	18 SQ. FT.
GARAGE	415 SQ. FT.



A2
FIRST FLOOR PLAN
SHEET 1 of 1

REVISION LOG	
5/18/17	
SCALE AS NOTED	
DRAWN BY: TEP	
ENGINEERED BY: JES	
REVIEWED BY:	

GASTEIGER RESIDENCE - LOT 66
797 COKESBURY PARK LN
FUQUAY VARINA, NORTH CAROLINA 27526

THE INFORMATION CONTAINED HEREIN IS THE PROPERTY OF THE ARCHITECT AND IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT.



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.

Brian Colvin
Signature of Owner/Contractor/Officer(s) of Corporation

3/4/2020
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: Brian Colvin President Date: 3/4/2020