



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: PAUL + VANESSA CAZZO Date: _____

Site Address: 225 EASTHILL LN. Phone: 919 280 2162

Subdivision: _____ Lot: #1

Description of Proposed Work: Finish Attic, Add 200amp to Total Job Cost: 27000

General Contractor Information

BLAINE PROSE

Building Contractor's Company Name

6525 REX Rd Holy Springs

Address

919 280 2162

Telephone

blprosemodeling@gmail.com

Email Address

HEATED SQ FT 1300 **GARAGE SQ FT** _____

License # _____

Electrical Contractor Information

Description of Work Finish Attic & 200AMP Service Size: 200 Amps T-Pole: Yes No

BSPR ELECTRIC LLC Box to Garage

Electrical Contractor's Company Name

7434 CAPITAL Blvd Bksh 27616

Address

L. 25278

License # _____

919 977 1016

Telephone

bprelectricllc@gmail.com

Email Address

Mechanical/HVAC Contractor Information

Description of Work Adding 2.5 ton unit for attic

CAI Comfort Air Inc

Mechanical Contractor's Company Name

408 MEADOW Ln Wendell 27591

Address

29806

License # _____

919 818 6770

Telephone

isanchez93@att.net

Email Address

Plumbing Contractor Information

Description of Work Add Bath to Attic Shower Toilet Sink # Baths 1

Richard D. White

Plumbing Contractor's Company Name

1020 Baptist Church Rd. Buau 27508

Address

16941

License # _____

919 497 6869

Telephone

rdwhite1935@yahoo.com

Email Address

Insulation Contractor Information

USI

Insulation Contractor's Company Name & Address

919 495 5416

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

March 24 2021
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:

Date: April 24 2021