



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: Fiona Mansoori Date: 4/1/2021
Site Address: 33 Dove Trail, Sanford, NC 27332 Phone: 910-391-7560
Subdivision: Carolina Lakes Lot: 4
Description of Proposed Work: Addition to existing Master Bed Total Job Cost: \$ 28,000.00

General Contractor Information

Wicker Construction Corp. 919-356-8585
Building Contractor's Company Name Telephone
2804 Carbondon Rd, Sanford, NC 27330 brittenwicker@yahoo.com
Address Email Address
63744 **HEATED SQ FT** 180 **GARAGE SQ FT**
License # _____

Electrical Contractor Information

Description of Work Move existing outlets Service Size: _____ Amps T-Pole: ___ Yes No
Wester & Pace Electric Inc. 919-499-3946
Electrical Contractor's Company Name Telephone
614 Leslie Rd
Address Email Address
12007-U
License # _____

Mechanical/HVAC Contractor Information

Description of Work Extend Ducting, tie into existing system
Certified Heating and AirConditioning 910-858-0000
Mechanical Contractor's Company Name Telephone
PO Box 1071 Hope Mills, NC 28348 certifiedheatingandairllc@gmail.com
Address Email Address
H3CI-20012
License # _____

Plumbing Contractor Information

Description of Work Move toilet and shower # Baths 1
McDonald Plumbing 919-770-0773
Plumbing Contractor's Company Name Telephone
5321 Swans Station Road, Sanford, NC
Address Email Address
License # _____

Insulation Contractor Information

Tri-City 334 E. Mountain Drive, Fayetteville, NC 910-486-8855
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.

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

4/7/21
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: Joe J. owner Date: 4/7/21