



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: Grappler Investments, LLC Date: 4/12/21
Site Address: 225 Sherwood Hills Ct Cameron 28326 Phone: 919-422-6000
Subdivision: Sherwood Forest Lot: _____
Description of Proposed Work: Finish upstairs/2nd floor Total Job Cost: 15,000

General Contractor Information

A&T Construction 910-797-3223
Building Contractor's Company Name Telephone
170 Willow Oaks Dr. Spring Lake 28390 mcLeodconstruction@yahoo.com
Address Email Address

HEATED SQ FT 705.6 GARAGE SQ FT 0

License # _____

Electrical Contractor Information

Description of Work install Electrical upstairs Service Size: _____ Amps T-Pole: Yes No
Artis Electric LLC 919-320-3833
Electrical Contractor's Company Name Telephone
363 Powhatan Rd Clayton NC 27520 Artiselectric@yahoo.com
Address Email Address
32673

License # _____

Mechanical/HVAC Contractor Information

Description of Work install HVAC 2nd floor
Comfort Wave HVAC 919-480-7111
Mechanical Contractor's Company Name Telephone
Clayton NC 27520 info@comfortwavehvac.com
Address Email Address
30241

License # _____

Plumbing Contractor Information

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

License # _____

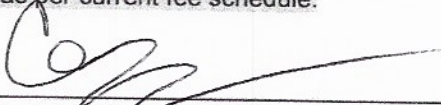
Insulation Contractor Information

A&T Construction/170 Willow Oaks Dr. Spring Lake 910-797-3223
Insulation Contractor's Company Name & Address Telephone
28390

***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

4/12/21

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:  owner

Date: 4/12/21