

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: Young, Vonda Date: 4/14/2021

Site Address: 127 Castlebay Drive Sanford, NC 27332 Phone: _____

Subdivision: Carolina Lakes Lot: #85

Description of Proposed Work: Addition of three season room on existing concrete slab. Total Job Cost: \$23,888

General Contractor Information

Champion Window Co. of R/D LLC

919-460-6632

Building Contractor's Company Name

Telephone

4018 Patnat Drive #120 Durham NC 27703

Jtaylor@championwindow.com

Address

Email Address

75228

HEATED SQ FT ϕ

GARAGE SQ FT N/A

License #

Electrical Contractor Information

Description of Work: code compliant electrical package Service Size: <50 Amps T-Pole: Yes No

Tri Power Electric Company Inc.

919-261-0814

Electrical Contractor's Company Name

Telephone

329 Songsparrow Dr. Wake Forest, NC 27587

Truepowernc@gmail.com

Address

Email Address

LL 25091

License #

Mechanical/HVAC Contractor Information

Description of Work N/A

N/A

N/A

Mechanical Contractor's Company Name

Telephone

N/A

N/A

Address

Email Address

N/A

License #

Plumbing Contractor Information

Description of Work N/A # Baths N/A

N/A

N/A

Plumbing Contractor's Company Name

Telephone

N/A

N/A

Address

Email Address

N/A

License #

Insulation Contractor Information

N/A

N/A

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.

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

4/14/2021

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: _____

4/14/2021