



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546
910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: Carmela Moreno Date 09-21-21
Site Address: 1045 Rosser Pittman rd Phone (910)356-9932
Subdivision: _____ Lot _____
Description of Proposed Work: New Boulding Total Job Cost 180,000

General Contractor Information

JAY Norris contractor 919 353 1494
Building Contractor's Company Name Telephone
172 Steel Bridge Rd Sanford jaynorris@msn.com
Address Email Address
20294 HEATED SQ FT _____ GARAGE SQ FT _____
License # _____

Electrical Contractor Information

Description of Work Wiring Service Size: _____ Amps T-Pole: Yes No
Wester J Pac 919 499 3946
Electrical Contractor's Company Name Telephone
614 Leslie Rd Sanford 27332 William Wester @
Address Email Address
12007-4 gmail.com
License # _____

Mechanical/HVAC Contractor Information

Description of Work HVAC
DD HVAC 919 935 3213
Mechanical Contractor's Company Name Telephone
605 Chatham St Sanford NC contact @ DD HVAC
Address Email Address
23371 LLC.com
License # _____

Plumbing Contractor Information

Description of Work Plumber # Baths 2
Wayne Comer m-Donald Plumbing 919 770 0773
Plumbing Contractor's Company Name Telephone
5321 Swanns Station Rd Sanford WComer @ Windstream
Address Email Address
11824 net
License # _____

Insulation Contractor Information

Insulating Inc 919 776 4138
Insulation Contractor's Company Name & Address Telephone
1827 Jefferson Davis Hwy
Sanford NC

***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.

[Handwritten Signature]

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

9/21/21

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: _____ Date: _____