



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: NVT Homes LLC Date: 6/17/2021
Site Address: 54 Commodore Ct Cameron NC Phone: 910-292-9454
Subdivision: Lexington Plantation Lot: 447
Description of Proposed Work: Replace Repair Fire Damage in Attic Total Job Cost: 20,000.00

General Contractor Information

NVT Homes LLC 910-292-9454
Building Contractor's Company Name Telephone
100 Tom Byrd Lane Dunn NC 28334 everett@nvthomes.com
Address Email Address

HEATED SQ FT 2952 GARAGE SQ FT 400

License # _____

Electrical Contractor Information

Description of Work Replace Electrical in Attic Service Size: 400 Amps T-Pole: Yes No
James Gang Electrical Maintenance
Electrical Contractor's Company Name Telephone 910-751-3123

5452 Sidbury Hwy Rd Castle Hayne NC
Address 28429 Email Address
22841-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work Replace HVAC
E & J Heating and Cooling
Mechanical Contractor's Company Name Telephone 910-489-0385

2297 Byrds Mill Rd Erwin NC 28339
Address Email Address
32998 H3 Class 1
License # _____

Plumbing Contractor Information

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

Address _____ Email Address _____
License # _____

Insulation Contractor Information

Ti City Insulation & Building Products 910-729-9277
Insulation Contractor's Company Name & Address Telephone
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*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.

CEM

6-17-2021

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

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: *CEM* Owner

Date: *6-17-2021*