

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: George Chacon Date 7/27/2021
 Site Address: 133 A201ea Dr Spring Lake, NC Phone 910 487 5517
 Subdivision: _____ Lot _____
 Description of Proposed Work: build back from studs Total Job Cost \$165,054.09

General Contractor Information

Cary Reconstruction Company, LLC 910 487 5517
 Building Contractor's Company Name Telephone
2410 Reliance Ave Apex, NC bridget.jackson@callventuri.com
 Address Email Address
72442 **HEATED SQ FT** 11665 **GARAGE SQ FT** _____
 License #

Electrical Contractor Information

Description of Work replace all electric Service Size: _____ Amps T-Pole: Yes No
Goin's Heating and Air 910-843-1220
 Electrical Contractor's Company Name Telephone
1467 Wagon Wheel Rd Shannon, NC dgoins HVAC@gmail.com
 Address Email Address
29042 28386
 License #

Mechanical/HVAC Contractor Information

Description of Work replace ductwork & check outside unit
Goin's Heating and Air 910-843-1220
 Mechanical Contractor's Company Name Telephone
1467 Wagon Wheel Rd Shannon, NC dgoins HVAC@gmail.com
 Address Email Address
22857 28386
 License #

Plumbing Contractor Information

Description of Work redo bathroom, kitchen, laundry # Baths 1
Plumbing by BFN 910-920-0948
 Plumbing Contractor's Company Name Telephone
559 Gillespie St Fayetteville NC george.lennon@plumbingbybfn.com
 Address Email Address
33732 28301
 License #

Insulation Contractor Information

Cumberland Insulation 910-484-7118
 Insulation Contractor's Company Name & Address Telephone
4205 Clinton Rd Fayetteville NC 28312

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

7/27/2021
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: *[Signature]* / Agent Date: 7/27/2021