

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

Application # _____

* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: KEVIN D. TINGEN Date: 8-25-2021
Site Address: 711 HOMESTEAD LN, ANGLIER, NC 27501 Phone: 919-215-4076
Subdivision: THE HOMESTEAD Lot: 17
Description of Proposed Work: 23x37 inground pool Total Job Cost: 53,000

General Contractor Information

Homeowner
Building Contractor's Company Name _____ Telephone 919-215-4076
411 Homestead Ln. Address _____ Email Address Ktingen558@gmail.com
N/A License # _____

Electrical Contractor Information

Description of Work pool wiring + lighting Service Size: _____ Amps T-Pole: Yes No
Harte Pool Wiring and Lighting Telephone 919-868-8195
Electrical Contractor's Company Name _____ Email Address harte pool wiring and lighting@gmail.com
108 E. Woodwards Industrial Ct Address _____
30707 License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
N/A
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

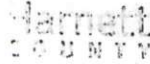
Description of Work _____ # Baths _____
N/A
Plumbing Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

Insulation Contractor's Company Name & Address _____ Telephone _____
N/A

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**

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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 8/25/2021
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.

[Signature]
Sign w/Title: OWNER Date: 8/25/2021

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