

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: David Tillman Date: 9 Sep 2011
Site Address: 193 Burkot Rd Lillington NC 27546 Phone: 910 591 8587
Subdivision: _____ Lot: _____
Description of Proposed Work: Fire damage to Studio Total Job Cost: \$51,384.50

General Contractor Information *see scope*

Showcase Restoration Telephone: 910 864 0911
Building Contractor's Company Name
5845 Yarkin Rd Suite D Fayetteville NC Email Address: PS13@911showcase.com
Address
60267 HEATED SQ FT 500 GARAGE SQ FT NA
License #

Electrical Contractor Information

Description of Work: Renovate Studio Service Size: _____ Amps T-Pole: Yes No
Culbertson Electric Telephone: 910 723 3293
Electrical Contractor's Company Name
816 Camwood Dr Hope Mills NC Email Address: nculbertsonelectric@gmail.com
Address
26627-L
License #

Mechanical/HVAC Contractor Information

Description of Work: Replace split system
McBowen Heating + Air DBA Arnold Services Telephone: 910 425 3350
Mechanical Contractor's Company Name
820 Pearson St Fayetteville NC Email Address: scott@ascheatandair.com
Address
22474
License #

Plumbing Contractor Information

Description of Work: Retro fit shower + replace vanity + Toilet # Baths: 1
On time Plumbing Telephone: 910-884 8702
Plumbing Contractor's Company Name
86 Meadow St Spring Lake NC Email Address: ontime3014@yahoo.com
Address
33798
License #

Insulation Contractor Information

Showcase Restoration Telephone: 910 864 0911
Insulation Contractor's Company Name & Address

***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

9 Sep 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:

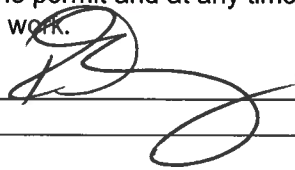
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  Project Manager Date: 9 Sep 2021