



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: Virgie Goode Date 8-31-2021
Site Address: 684 Pendergraft Rd Phone 910-814-0377
Subdivision: _____ Lot _____
Description of Proposed Work: Rehab NC program bring home to HuD Standards Total Job Cost 9177

General Contractor Information

Rescue Construction Solution 919-615-1750
Building Contractor's Company Name Telephone
2800 Rowland Rd Raleigh NC, 27615 gdruhan@rescue-cs.com
Address Email Address
73-808 **HEATED SQ FT 2229** **GARAGE SQ FT**
License # _____

Electrical Contractor Information

Description of Work Replace Ceiling Fans and GFI outlets Service Size: _____ Amps T-Pole: Yes No
Boon Hill Electrical Services 919-896-4739
Electrical Contractor's Company Name Telephone
Princeton, NC 27569 boonhillelec.jsb@gmail.com
Address Email Address
32-929
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 N/A # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License # _____

Insulation Contractor Information

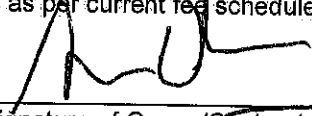
Insulation Contractor's Company Name & Address Telephone

***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

9-24-2021
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:

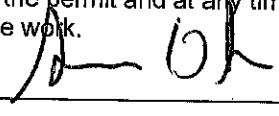
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 9/24/2021