

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

Owner's Name: Marty waddell	0110121	
Site Address: 838 Bradley Rd	Date <u>9/10/21</u>	
Subdivision:	The same of the sa	
Description of Proposed Work: 20x34 inground pool	Lot	
General Contractor Information	_ Total Job Costs 97,006	
marky water (home and home		
Building Contractor's Company Name	G19-524-6310 Telephone	
836 Bridly Rd Fugury-varing, NC 27526	March world full Properties I all	
Address NIA	Email Address	con
License # HEATED SQ FT_NIA GARAGE SQ	FT NIA	
Electrical Contractor Information		
Service Size:	Amps T-Pole:YesNo	
Electrical Contractor's Company Name	914-868-8195	
100 G 10 A Name	Telephone	
108 F. Woodwinds Industrial Ct	hack pool wring and lighting Egme	2,100
30707	Email Address	
License #		
Mechanical/HVAC Contractor Informa	tion	
Description of Work		
Modbasical Control 1		
Mechanical Contractor's Company Name	Telephone	
Address		
	Email Address	
License #		
Plumbing Contractor Information		
Description of Work	# Baths	
Plumbing Contractor's Company Name		
Tambing Contractor's Company Name	Telephone	
Address		
	Email Address	
_icense #		
Insulation Contractor Information		
nsulation Contractor's Company Name & Address		
Tanio a Address	Telephone	
*NOTE: General Contractor / owner must fill out and a		
*NOTE: General Contractor / owner must fill out and sign the sec	cond page of this application.	
strong roots - new growth		

I he eby 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 EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee Signature of Owner/Contractor/Officer(s) of Corporation 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 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 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 Sign w/Title: Marty Woddell / Owner Date: 9-10-21