

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: MILAGROS FULLONE Date 11/24/21
 Site Address: 10 ROCKY POINT CT Phone 919-552-6985
 Subdivision: FOREST TRAILS Lot 62
 Description of Proposed Work: FINISH BOVUS ROOM Total Job Cost \$9100.00

General Contractor Information

ANTHONY FULLONE 919-255-2012
 Building Contractor's Company Name Telephone
40 APRIL CT ANCHORA, NC 27501 AFULLONE09@GMAIL.COM
 Address Email Address
HEATED SQ FT 1300 GARAGE SQ FT 320

License # _____
Electrical Contractor Information
 Description of Work ADD SWHS & OUTLETS Service Size: 20 Amps T-Pole: Yes No
RA GREGORY ELECTRIC
 Electrical Contractor's Company Name Telephone
1948 NC 27 WEST LILLINGTON, NC 27546
 Address Email Address
NC# 21717
 License # _____

Mechanical/HVAC Contractor Information

Description of Work ADD MINI SPLIT
PROGRESSIVE SERVICE COMPANY 877-325-0810
 Mechanical Contractor's Company Name Telephone
110 FORTUNE WAY RALEIGH, NC 27603
 Address Email Address
NC# 28750
 License # _____

Plumbing Contractor Information

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

Insulation Contractor Information

ANTHONY FULLONE 919-255-2012
 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.

Charmell L.
Signature of Owner/Contractor/Officer(s) of Corporation

11/28/21
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: Charmell L.

Date: 11/29/21