

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

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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:Justin Haire		_Date _11-30-202
Site Address: 10 Setter Ct. Angier NC	Phone	910-336-1161
Subdivision: Glen	Lot	
Description of Proposed Work: _Heated (natural gas) swimming pool		105,484.18
General Contractor Information		
Premier Pools and Spas	919-579-4086	6
Building Contractor's Company Name	Telephone	
2140 page rd suite 102 Durham NC 27703	ymendoza@ppas.com	
Address	Email Address	
77473 HEATED SQ FT 2204 GARAGE SQ	FT	
License #	11	
Description of Work heated inground swimming pool Service Size:	1 Amps T.I	Pole: Vac V Na
Frontier Electrical Service	919-417-63	
Electrical Contractor's Company Name	Telephone	09
4070 Pine Ridge Rd Franklinton NC	frontier2011@gmail.com	
Address	Email Address	
I-23712	Email Address	
License #		
Mechanical/HVAC Contractor Inform	ation	
Description of Work (heated natural gas) swimming pool		_ 3 4 1
Element Service Group Mechanical	919-926-1475	5
Mechanical Contractor's Company Name	Telephone	
1108 Nowell Rd suite B	permit@callelement.com	
Address	Email Address	
31519		
License #		
Plumbing Contractor Information	1	
Description of Work	_# Baths	
		<u> </u>
Plumbing Contractor's Company Name	Telephone	
Address	Email Address	
License #		
Insulation Contractor Information	n	

*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.	de lee is \$100.00. Alter 2 years le-issue lee			
Mys	11-30-2021			
Signature of Owner/Contractor/Officer(s) of Corporation	Date			
Affidavit for Worker's Comper The undersigned applicant being the:				
General Contractor Owner Off	ficer/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: Permit runner	Date:11-30-2021			
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