



Application # _____

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: Ryanne Jackson Date: 12/13/21
Site Address: 2072 Harnett Central Rd. Angier 27501 Phone: 919-306-8104
Subdivision: _____ Lot: _____

Description of Proposed Work: installing 47x23 fiberglass inground pool. Total Job Cost: \$131,783

General Contractor Information

Cool Pools NC, LLC 919-367-7277
Building Contractor's Company Name Telephone
727. E. Broad Street cheie@coolpoolsnc.com
Address Email Address

59776 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work equipment hook-up Service Size: _____ Amps T-Pole: Yes No
ARL Electric, LLC 919-888-3500
Electrical Contractor's Company Name Telephone
P.O. Box 58355 Raleigh NC 27658 customerca@
Address Email Address arlectric.com
29565-U
License #

Mechanical/HVAC Contractor Information

Description of Work gas piping for heater
ARL Plumbing, LLC 919-888-3500
Mechanical Contractor's Company Name Telephone
6801 Sunset Lake Rd. F.V. 27526 customerca@arlectric.com
Address Email Address
33085
License #

Plumbing Contractor Information

Description of Work _____ # 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

12/13/21
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: Cherie Levert Admin Date: 12/13/21