



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: RODY HOLLAND Date: _____
Site Address: 54 BRENT WOOD Phone: 919.770.4794
Subdivision: CAROLINA HILLS Lot: 251
Description of Proposed Work: INTERIOR & EXTERIOR REPAIR Total Job Cost: 25,000
REMODEL

General Contractor Information

A PRO EDGE HOME INSPECTION INC. 919.548.3829
Building Contractor's Company Name Telephone
PO BOX 1867, SANFORD, NC 27330 CARMINE@APROEDGE.COM
Address Email Address
64957 HEATED SQ FT 1400 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work REPAIR / INSPECTION Service Size: 200 Amps T-Pole: Yes No
TRADEMARK ELECTRICAL 919.842.9899
Electrical Contractor's Company Name Telephone
PO BOX 82, BROADWAY, NC 27505 NONE
Address Email Address
20978-L
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 REPLACE TUB SHOWER # Baths 2
ALLIES WATERWORKS, LLC 336.261.8078
Plumbing Contractor's Company Name Telephone
6827 CHAMPIONSHIP DR WHITSETTING LOUIS.M.C@LIVE.COM
Address Email Address
30343
License #

Insulation Contractor Information

HOME TECHNOLOGY 108 JOSIE, SANFORD NC 919.770.4185
Insulation Contractor's Company Name & Address Telephone
27330

***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]
Signature of Owner/Contractor/Officer(s) of Corporation

12/13/22
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: [Signature] owner Date: 12/17/22