



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

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* 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: RUDOLPH HOLLAND Date 1-25-22
Site Address: 54 BRENTWOOD Phone 919 770 4794
Subdivision: CAROLINA HILLS REPLACE / PERM Lot _____
Description of Proposed Work: REPAIR VANDALIZED AREAS PARTS Total Job Cost 20,000

General Contractor Information

A PRO EDGE HOME INSPECTIONS 919 548-3829
Building Contractor's Company Name Telephone
64957 SUPPORT@APROEDGE.COM
Address Email Address
HEATED SQ FT 1400 GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work REPLACE DAMAGED PARTS Service Size: _____ Amps T-Pole: Yes No
TRADEMARK ELECTRIC 919 258 0763
Electrical Contractor's Company Name Telephone
8 TIM LANE SANFORD NC 27332
Address Email Address
EVES2201-0020
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 N/A # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

Insulation Contractor Information

[Signature]
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.

Michael Cardona Q.I. (#64957)
Signature of Owner/Contractor/Officer(s) of Corporation

1-25-22
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: *Michael Cardona* Q.I. (A PRO EDGE)

Date: 1-25-22