

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. 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: Geneva Crownhart	Date 01/31/2
Site Address: 4545 Bunnlevel-Erwir	Rd Phone 770-846-6
Subdivision:	Lot _
Description of Proposed Work: Repour foundat	Total Job Cost
General Contractor Infor	rmetion
James A Brewington	
Building Contractor's Company Name	Telephone
POBOX 1134 Dunn NC	Elman It Bress
Address	Email Address
	AGE SQ FT
License #	
Electrical Contractor Info	
Description of Work Service	e SizeAllips -PolelesNo
Electrical Contractor's Company Name	Telephone
	TOTAL STATE OF THE
Address	Email Address
License #	
Mechanical/HVAC Contractor	r Information
Description of Work	
Mechanical Contractor's Company Name	Telephone
Address	Email Address
License #	
Plumbing Contractor Info	ormation
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License #	
Insulation Contractor Info	ormation
il.	
Insulation Contractor's Company Name & Address	Telephone
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*NOTE: General Contractor / owner must fill out and sign the second page of this application.

strong roots • new growth



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 Jan 31, 2022 Date
X	Jan A Bright
,	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: Date:

this certificate does not confer rights to the certificate holder in lieu of s	uch endorsement(s)	·y	reduce on enec	-		seement von
PRODUCER 910-892-2121	CONTACT John D.	Snipes, II		+		-
SNIPES INSURANCE SERVICE, INC PO BOX 1165	PHONE (A/C, No, Ext): 910-8		District Control	FAX	910-892	5228
DUNN, NC 28335	E-MAIL john@s		ance.com	(A/C, No)	0.0002	OLLO
John D. Snipes, II		5.72257 8000 0000	RDING COVERAGE	1		MAKE T
民国的政策的特别	INSURER A : NORTH			All -		NAIC #
NSURED arms & Browington	INSURER B:		TOTAL BOILE	1	-	
arnes A. Brewington O Box 1034	INSURER C:				-	
lunn, NC 28335	INSURER D:				-	
	INSURER E:					
	INSURER F:	Take 1	Service of the	1	7	
COVERAGES CERTIFICATE NUMBER:		And the World	REVISION NUM	RED.	Mal marks	2.0077
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFOR EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV	DED BY THE DOLLOR	OR OTHER	D NAMED ABOVE	FOR T		
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	10/31/2019	10/31/2020	STATUTE	Marine Street Control	-	100,0
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If yes, describe under DESCRIPTION OF OPERATIONS below	7 - 12		EL DISEASE - EA		S	500,00
DESCRIPTION OF OPERATIONS DROW			EL DISEASE - POLI	CY LIMIT	S	000,0
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	REPRESENTATIVE OR PRODUCER, A	ND THE C	ERTIFICATE HOLDER							
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PRO	DUCER			CONT	uct Melissa	Wade				23.4
Maguire Agency 1970 Oakcrest Avenue, Suite 300			PHONE (A/C. N	lo, Ext): (651)	635-2775	TALL STATE	FAX	(651)	638-9762	
Ros	eville, MN 55113				ss. mwade (gency.com	INC. NO	1001)	050 37 02
					IN	SURER(S) AFFO	RDING COVERAGE		Van V	NAIC #
James A Brewington DBA Brewington House Movers PO Box 1034			INSURER A: Nova Casualty Company INSURER B: INSURER C:						42552	
		-348V4						V.		
		n House Movers							100	
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	Dunn, NC 28335			INSURER E:						
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	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A			1		EL EACH ACCIDENT	г	S	
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