



Harnett
COUNTY

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

Application for Residential Building and Trades Permit

Owner's Name: JOE GIGUERE Date 2/9/22
Site Address: 606 GRAYSON PLACE SANFORD Phone 843 670 0099
Subdivision: CAROLINA LAKES Lot _____
Description of Proposed Work: INTERIOR RENOVATIONS Total Job Cost 50,000

General Contractor Information

CHARLES B KARPA III 919 345 2675
Building Contractor's Company Name Telephone
1920 HICKORY PARK DR FURQUAY VARNA NC CKARPA3@GMAIL.COM
Address Email Address
83603 HEATED SQ FT _____ GARAGE SQ FT _____
License #

Electrical Contractor Information

Description of Work MOVING/UNDERSLAB Service Size: 100 Amps T-Pole: Yes No
J'S ELECTRIC INC 919 803 9192
Electrical Contractor's Company Name Telephone
2229 WADE NASH RD HOLLY SPRINGS NC EVL800@EARTHLINK.NET
Address 27540 Email Address
U25612
License #

Mechanical/HVAC Contractor Information

Description of Work ADD GAS LINE & VENT HOOD
HONEYCUTT & JONES INC 919 372 9877
Mechanical Contractor's Company Name Telephone
1217 TWIN CREEK RD APEX NC 27523
Address Email Address
L31092
License #

Plumbing Contractor Information

Description of Work MOVING/UNDERSLAB # Baths 3
INTEGRA PLUMBING, LLC 919 622 9102
Plumbing Contractor's Company Name Telephone
3805 HORSEMINT TRAIL ZEBULON NC
Address 27597 Email Address
L31279
License #

Insulation Contractor Information

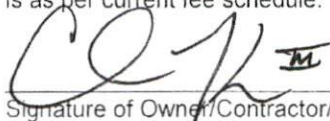
SMITH INSULATION 780 EF COTTRELL RD 919 496 3512
Insulation Contractor's Company Name & Address Telephone
LOUISBURG NC 27549



*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

2/9/22
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:

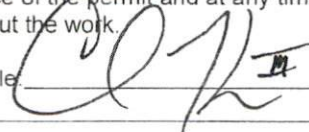
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  OWNER

Date: 2/9/22