

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

tion on license.	
Owner's Name: William Pinkstaff	Date: Date: Phone: Place Phone: Date: Place TATUM F AUDRED MODE
Site Address: 805.5 N C 42 Holly 5	prins Phone:
Subdivision: 1-A.	Lot: #3 PIXIE TATUM?
Description of Proposed Work: Basement Finish	_ Total Job Cost: 28,000 1080
General Contractor Informatio	
K.B. Express LLC. (Kirk Heine	r) 7/9 901-7571
Building Contractor's/Company Name	Telephone
162 V. Smithfield st	Kirk & Kand BExpress, con Email Address
1001ess //09/01/10.0.0/10/	
License #	QFT
Electrical Contractor Information	
Description of Work Add out to \$ Lights Service Size:	
ZIPS ELECTRIC	910 527-9404
Electrical Contractor's Company Name	Telephone
52// Perry Offiver Dr	Email Address gmail, com
Address Hope wills No 28340	Himaii Address
License #	
Mechanical/HVAC Contractor Information	
Description of Work Add Exhaust for	Kitchen & 3 baths
JC'S Heating & Air Condition	= 9/9 552-7000
Mechanical Contractor's Company Name Rd Rd	7 Telephone
1539 Wade Stephenson	Jeshvac Dgmail. Com Email Address
Address Holly Springs No	Email Address
H3 12655 License #	
Plumbing Contractor Information	
Description of Work Plumbing, for Kitchen	# Baths
Johnantz Plumbing Company	
Plumbing Contractor's Company Name	lelenhone
1/29 Corporation PKWY # 161	Service Oschwatzplumbing, co Email Address
Address	Email Address
License #	
Insulation Contractor Information	
Insulation Contractor's Company Name & Address	Talashana
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

3-3-22 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:	
Sign w/Title: Date: 3-3-22	