



*Each section below must be filled out by whoever is performing the work. Must be owner or licensed contractor. Address, company name & phone must match information on state license.

Application # _____
Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

COMMERCIAL

Application for Building and Trades Permit

Owner's Name: Richard and Anne Caspar Date: 4/18/22

Site Address: 562 Morning Glory Lane, Fuquay Varina, NC 27526 Phone: 919.669.0480

Description of Proposed Work: Fiberglass Pool Installation 15.5' X 35'

General Contractor Information: Building Cost \$ 104,000

Carolina Creations RDU, LLC 919.398.2126

Building Contractor's Company Name Telephone

3304 Drexel Hill CT, Apex, NC 27539 info@carolinacreationsrdu.com

Address Email Address

Jeff Darden

80961

Signature of Owner/Contractor/Officer(s) of Corporation License #

Electrical Contractor Information: Electrical Cost \$ 1500.00

Description of Work Wiring of Control Panel Service Size: 100 Amps #T-Poles _____

TH-Electrical Services 919.606.3644

Electrical Contractor's Company Name Telephone

117 Heather Dr., Garner NC 27529 schedule@th-electrical.com

Address Email Address

Carl Harper

1.26617

Signature of Owner/Contractor/Officer(s) of Corporation License #

Mechanical Contractor Information: Mechanical Cost \$ 1500.00

Description of Work Installation of Gas Pool Heater # Units 1

Bracy HVAC 919.889.0902

Mechanical Contractor's Company Name Telephone

820 Nakina Dr., Fuquay Varina, NC 27526 leonbracy@gmail.com

Address Email Address

Leon Bracy

33542

Signature of Owner/Contractor/Officer(s) of Corporation License #

Plumbing Contractor Information: Plumbing Cost \$ _____

Description of Work _____ # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

Signature of Owner/Contractor/Officer(s) of Corporation License #

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor must fill out and sign the second page of this application**

Sprinkler Contractor Information

Sprinkler Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Fire Alarm Contractor Information

Fire Alarm Contractor's Company Name

Telephone

Address

Email Address

Signature of Officer(s) of Corporation

License #

Driveway Access - NC Department of Transportation Driveway Access/Permit? Yes No

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 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 charged at full price per current fee schedule.

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

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: _____ Date: _____

Signature Certificate

Reference number: 4DFAW-KCJWV-PZANP-NAXYM

Signer	Timestamp	Signature
Carl Harper Email: schedule@th-electrical.com Sent: 20 Apr 2022 13:29:19 UTC Viewed: 20 Apr 2022 13:58:17 UTC Signed: 20 Apr 2022 13:58:40 UTC		 IP address: 174.109.161.53 Location: Fuquay-Varina, United States
Jeff Darden Email: jeff@carolinacreationsrdu.com Sent: 20 Apr 2022 13:29:19 UTC Viewed: 20 Apr 2022 14:06:55 UTC Signed: 20 Apr 2022 14:07:04 UTC		 IP address: 174.247.9.191
Leon Bracy Email: leonbracy@gmail.com Sent: 20 Apr 2022 13:29:19 UTC Viewed: 20 Apr 2022 20:08:26 UTC Signed: 20 Apr 2022 20:08:56 UTC		 IP address: 104.139.92.32 Location: Fuquay-Varina, United States

Document completed by all parties on:
20 Apr 2022 20:08:56 UTC

Page 1 of 1



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