

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 or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Jo Ann Martin	Date: 7.13.22
Site Address: 4781 Cokesbury Rd.	Phone: 317.490.0283
Subdivision: N/A	Lot: 4
Description of Proposed Work: In-ground Fiberglass Pool Installation	- 15.5' x 35'
General Contractor Informati	
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
80961	•
License #	•
Description of Work Pool Equipment Install Service Size	e: 100 Amps T-Pole: Tyes TNo
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
1.26617	
License #	
Mechanical/HVAC Contractor Info	<u>rmation</u>
Description of Work Gas Pool Heater Installation	
Bracy HVAC	919.889.0902
Mechanical Contractor's Company Name	Telephone
820 Nakina Dr., Fuquay Varina, NC 27526	leonbracy@gmail.com
Address	Email Address
33542	
License #	
Plumbing Contractor Informa	
Description of Work	# Baths
Plumbing Contractor's Company Name	Telephone
Address	Email Address
License # Insulation Contractor Information	<u>ition</u>
Insulation Contractor's Company Name & Address	Telenhone

*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.

changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of 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. 7.13.22 Date Signature of Owner/Contractor/Officer(s) of Corporation Affidavit for Worker's Compensation N.C.G.S. 87-14 The undersigned applicant being the: Officer/Agent of the Contractor or Owner Owner General Contractor 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: