

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

Owner's Name: Jodi Smith	Date:
Site Address: 720 N 14th st, Erwin nc	Phone: 910-658-1192
Subdivision:	Lot:
Description of Proposed Work:Room Addition to re	ear of home Total Job Cost: \$83,551.00
General Contractor	nformation
G Double inc	9194694798
Building Contractor's Company Name	Telephone
103 Eaglesham Way, Cary, 27513	Gdouble@nc.rr.com
Address 2,040 sqft	Email Address
License #	SARAGE SQ FT
	Information
Description of Work install receptacles, switches ceiling fans and vanity lights	rvice Size: Amps T-Pole: Yes No
Powerflow Electrical	919) 524-9507.
Electrical Contractor's Company Name	Telephone
598 Howard Tant Rd Zebulon NC 27597	powerflowelectrical@nc.rr.com
Address	Email Address
23615-SP-S	
License #	
Mechanical/HVAC Contra	ctor Information ior of home. Add 3 air supply ducts and 1 return in
bedroom and bath addition. Upo	arade existing HVAC system to entire home.
The Cool Guys HVAC	919) 801-8007
Mechanical Contractor's Company Name 924 Sandy Hill Wendell, NC	Telephone
Address	Email Address
L-32968	Email Address
License #	
Plumbing Contractor Rough in and set water and drain lines for double 60 vanity, 1 eto	<u>Information</u>
Description of Wenewer. Add 1 water spigot to the rear of home. Tie drain and water system of	ingated toller, tub with ter lines into existin# Baths
The Plumbing Partners house.	919-699-1197
Plumbing Contractor's Company Name	Telephone
4922 Old Page RD, Apt.632 US	plumbingpartnersllc@gmail.com
Address	Email Address
33781	
License #	
Insulation Contractor	
Insulation Contractor's Company Name & Address RALEGO	
mediation contractor's company Name & Address TCALAN	Telephone

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



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.

Cay Sady		7/2	20/22	
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:				
x General Contractor Ow	ner Offic	er/Agent of the	e Contractor or Owner	
Do hereby confirm under penalties of perjuset forth in the permit:	ury that the person(s), firm(s) or co	rporation(s) performing the work	
Has three (3) or more employees a	nd has obtained wo	kers' compens	sation insurance to cover them.	
Has one (1) or more subcontractors them.	s(s) and has obtaine	d workers' com	npensation insurance to cover	
$\underline{}$ Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.				
Has no more than two (2) employee	es and no subcontra	ctors.		
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:	Contractor		7/20/22 Date:	