



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: Jonathon Bloom Date: 9.14.22
Site Address: 338 Windy Farm Dr Phone: 717.676.6391
Subdivision: _____ Lot: 7
Description of Proposed Work: Installation of In-ground Fiberglass Pool

General Contractor Information

Carolina Creations RDU 919.398.2126
Building Contractor's Company Name Telephone
3304 Drexel Hill Ct., Apex NC info@carolinacreationsrdu.com
Address Email Address
80961
License #

Electrical Contractor Information

Description of Work Pool Equipment Install Service Size: 100 Amps T-Pole: Yes No
TH-Electrical Services 919.306.3644
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 Information

Description of Work Gas Pool Heater Install
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 Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

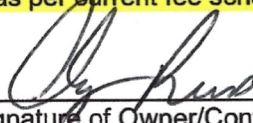
Insulation Contractor Information

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

9.14.22

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.

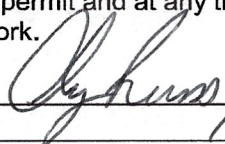
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: _____

 / VP OF SACES

Date: 9.14.22