

## RESIDENTIAL BUILDING APPLICATION

Site Address: 153 Topsail Dr. Angier, NC 27501 PIN: \_\_\_\_\_  
Owner: John & Maureen Haynes Phone: 919-302-6250 Email: jc-haynes@yahoo.com  
Description of Proposed Work: room added - work done prior to buying Total Job Cost: ?

### GENERAL CONTRACTOR INFORMATION

Owner

\* Must be owner or licensed contractor. Address, company name & phone must match information on license.

John & Maureen Haynes  
General Contractor's Company Name  
153 Topsail Drive Angier, NC 27501  
Address  
NA  
License #

919-302-6250  
Phone  
jc-haynes@yahoo.com  
Email

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Owner John & Maureen Haynes Service Size: \_\_\_\_\_ Amps T-Pole: YES ☐ NO ☐

\_\_\_\_\_  
Electrical Contractor's Company Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
License #

\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Email

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Owner John & Maureen Haynes

\_\_\_\_\_  
Mechanical Contractor's Company Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
License #

\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Email

### PLUMBING CONTRACTOR INFORMATION

Description of Work: \_\_\_\_\_ # of Fixtures: \_\_\_\_\_

\_\_\_\_\_  
Plumbing Contractor's Company Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
License #

\_\_\_\_\_  
Phone  
\_\_\_\_\_  
Email

### INSULATION CONTRACTOR INFORMATION

Owner John & Maureen Haynes  
Insulation Contractor's Company Name

\_\_\_\_\_  
Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES** - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

  
Signature of Owner/Contractor/Officer of Corporation

5/6/25  
Date

### Affidavit for Worker's Compensation N.C.G.S. 87-14

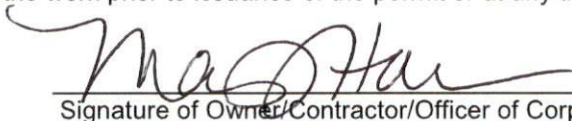
The undersigned applicant being the:

☐ General Contractor ☒ Owner ☐ Officer/Agent of the Contractor or Owner

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- ☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,  
☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,  
☐ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,  
☒ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

  
Signature of Owner/Contractor/Officer of Corporation

5/6/25  
Date