



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* 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: SALVATORE TRINGALI Date 5-3-23
Site Address: 142 BLUE MONARCH LN, FUQUAY VARINA Phone 781-296-1138
Subdivision: PRINCE PLACE Lot 16
Description of Proposed Work: DECK & SWIM SPA HOOKUP Total Job Cost 15,000

General Contractor Information

BEASLEY CONSTRUCTION 919-285-8500
Building Contractor's Company Name Telephone
133 BROOKFIELD AVE, LILLINGTON, NC 27546 kbeasleyconstruction@gmail.com
Address Email Address
N/A **HEATED SQ FT** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work HOOK UP SWIM SPA Service Size: 200 Amps T-Pole: ___ Yes No
SMART ENERGY 919-468-8827
Electrical Contractor's Company Name Telephone
604 DAUVY LN, RALEIGH, NC 27601 smartaquanc@gmail.com
Address Email Address
29166-L
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
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]
Signature of Owner/Contractor/Officer(s) of Corporation

5-3-23
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: [Signature] (OWNER) Date: 5-3-23

SMART ENERGY

BEASLEY CONSTR.