

DocuSign Envelope ID: C9181FA5-0251-48EA-88DD-B7B660DBEC78



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: Bridget Trough (Green) Date: _____
Site Address: 260 Azalea Drive Spring Lake NC 28390 Phone: (910) 322-7109
Subdivision: Rolling Spring Lot: 14
Description of Proposed Work: Fire Damage Renovation Total Job Cost: 80K

General Contractor Information

Fitzgerald Construction Inc (910) 257-8346
Building Contractor's Company Name Telephone
6435 Touchstone Dr Fayetteville NC 28311 Jmccryndle@gmail.com
Address Email Address
25319 HEATED SOFT 1288 GARAGE SOFT 0
License #

Electrical Contractor Information

Description of Work: Wiring, Light Fixtures Service Size: 200 Amps T-Pole: Yes No
Down South Heating and Air Conditioning Inc (910) 797-5792
Electrical Contractor's Company Name Telephone
806-A Ramsey Street Fayetteville NC 28301 downsouthvac01@gmail.com
Address Email Address
L-35311
License #

Mechanical/HVAC Contractor Information

Description of Work: Replace 3 Ton Unit / ALL Ductwork / Air Handler
Down South Heating and Air Conditioning Inc (910) 797-5792
Mechanical Contractor's Company Name Telephone
806-A Ramsey Street Fayetteville NC 28301 downsouthvac01@gmail.com
Address Email Address
27232
License #

Plumbing Contractor Information

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

Insulation Contractor Information

See General Contractor Information
Insulation Contractor's Company Name & Address Telephone _____

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

DocuSign Envelope ID: C9181FA5-0251-48EA-88DD-B7B660DBEC78



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.

DocuSigned by
Bridget Trough

12/16/2022

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:

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:

Date: 12/16/2022