

* 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: United Equitad Properties Rick E. Ehrhardt Date: 1-4-23
 Site Address: 3140 Brick Mill Rd Lillington NC 27550 Phone: _____
 Subdivision: _____
 Description of Proposed Work: Bath Remod./Permit

General Contractor Information

Building Contractor's Company Name: Glenn Jones Inc
 Address: PO Box 534 Fuquay Varina NC 27522
 Telephone: 919-291-3475
 Email Address: builid@v42@gmail.com
 License # 43503

Electrical Contractor Information

Description of Work: Update service
 Electrical Contractor's Company Name: RST Electric
 Address: 3432 Zacks Mill Rd Angier NC 27521
 Telephone: 919-291-8766
 Email Address: Solomonrst@gmail.com
 License # 26202-1

Mechanical/HVAC Contractor Information

Description of Work: Update system
 Mechanical Contractor's Company Name: De's Heating & Air
 Address: 1539 Wade Stephenson Rd Holly Springs NC 27540
 Telephone: 919-552-3053
 Email Address: De's HVAC@gmail.com
 License # H-3.12655

Plumbing Contractor Information

Description of Work: Update Bath Rooms
 Plumbing Contractor's Company Name: 464 Parker's Mill Rd Benson NC 27504
 Address: Ronald Lindsay Plumbing
 Telephone: 910-658-7957
 Email Address: Ronald Lindsay 1970@yahoo.com
 License # 29636

Insulation Contractor Information

Insulation Contractor's Company Name & Address: Prime Energy Group / 2300 Westinghouse Blvd. Suite 105 Ral NC 27604
 Telephone: 919-627-0218
 License # _____

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

Harnett County Central Permitting
 PO Box 65 Lillington, NC 27546
 910-893-7525 Fax 910-893-2793 www.harnett.org/permits

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

1-4-23
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:  owner

Date: 1-4-23