



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: Jesse & Mariah Johnson Date 1/10/23
Site Address: 276 Skyrust Drive Phone 573-337-3117
Subdivision: Carolina Lakes Lot _____
Description of Proposed Work: Inground pool install Total Job Cost 154,139.⁰⁰

General Contractor Information

Parrot Bay Pools Telephone 919-888-0337
Building Contractor's Company Name
PO Box 565 Hope Mills, NC 28348 Email Address Cheryl@parrotbaypools
Address 69990 HEATED SQ FT _____ GARAGE SQ FT _____
License # _____ Email Address nc.com

Electrical Contractor Information

Description of Work pool electrical Service Size: _____ Amps T-Pole: Yes No
Cumberland Electrical Service Telephone 910-316-7813
Electrical Contractor's Company Name
3660 Thrower Rd Hope Mills, NC 28348 Email Address Scrubbok1158@gmail.com
Address 12233
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Hunter oil & propane Telephone 919-775-5651
Mechanical Contractor's Company Name
1203 S. Horner Blvd, Sanford Email Address _____
Address 22196
License # _____

Plumbing Contractor Information

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

Insulation Contractor Information

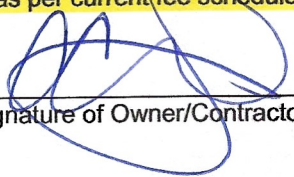
Insulation Contractor's Company Name & Address _____ Telephone _____

***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

1/10/23

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:

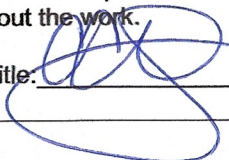
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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:  Sales Manager Date: 1/10/23