



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: DOUG MOORE Date: 1-10-23
Site Address: 739 OAK GROVE CHURCH RD - ANGIER 27564 Phone: 919-291-6390
Subdivision: _____ Lot: _____
Description of Proposed Work: ADDITION / RENOVATION Total Job Cost: _____

General Contractor Information

OWNER

Building Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # 75078 HEATED SQ FT _____ GARAGE SQ FT _____

Electrical Contractor Information

Description of Work ADDITION Service Size: _____ Amps T-Pole: Yes No

MABRY'S ELECTRICAL SERVICE Telephone 919-639-4837

Electrical Contractor's Company Name 731 MABRY RD ANGIER NC 27501 Email Address AMBER@MABRYELECTRICAL.COM

Address _____ Email Address _____

U15077

License # _____

Mechanical/HVAC Contractor Information

Description of Work ADDITION Telephone 919-329-0686
STEPHENSON'S HEATING & AIR

Mechanical Contractor's Company Name 343 SHIPWASH DR GARNER NC Email Address STEPHENSONHVAC@AOL.COM

Address _____ Email Address _____

18644

License # _____

Plumbing Contractor Information

Description of Work ADDITION # Baths 1
THORNTON'S PLUMBING Telephone 919-550-4833

Plumbing Contractor's Company Name _____ Telephone _____

3160 VINSON RD A CLAYTON, NC 27527 Email Address _____

Address _____ Email Address _____

22152

License # _____

Insulation Contractor Information

INSULATING INC 5902 FAYETTEVILLE RD RALEIGH NC Telephone 919-772-9000

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

2-8-23

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:

2-8-23