



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: Carmelo Canepa Date 2/28/23

Site Address: 428 Silver Maple Dr Phone 919-757-1800

Subdivision: Woodgrove Lot 14

Description of Proposed Work: Install Residential Inground Swimming Pool Total Job Cost 23689

General Contractor Information

Choice Backyard _____ 919-562-6699

Building Contractor's Company Name _____ Telephone _____

10012 Capital Blvd, Wake Forest NC 27587 info@choicepoolandspa.com

Address _____ Email Address _____

n/a HEATED SQ FT 525 GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work install electrical line for pool equipment Service Size: _____ Amps T-Pole: Yes No

TH Electrical Services 919-606-3644

Electrical Contractor's Company Name _____ Telephone _____

117 Heather Dr, Garner NC 27529 schedule@th-electrical.com

Address _____ Email Address _____

26617-I

License # _____

Mechanical/HVAC Contractor Information

Description of Work run gas line and hook up gas heater for pool

Brite Creations 919-800-0579

Mechanical Contractor's Company Name _____ Telephone _____

7204 ACC Blvd, Raleigh NC 27617 permit@britelightcreations.com

Address _____ Email Address _____

31519H3 class 1

License # _____

Plumbing Contractor Information

Description of Work N/A # Baths _____

Plumbing Contractor's Company Name _____ Telephone _____

Address _____ Email Address _____

License # _____

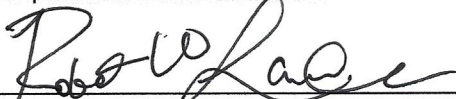
Insulation Contractor Information

N/A _____ Telephone _____
Insulation Contractor's Company Name & Address

***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

2/28/23

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.

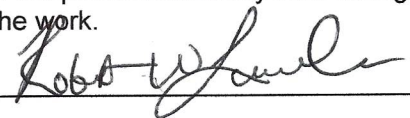
Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

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: 2/28/23