

Application #

Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address company name 8 phone must match information on license. Harnett County Central Permitting
PO Box 65 Lillington, NC 27546
910-893-7525 Fax 910-893-2793 www.harnett.org/permits

Application for Residential Building and Trades Permit

Owner's Name Jessica Skinner	Date <u>03</u> Ac
Owner's Name Jessica Skinner Site Address 343 twin Ponds rd Sanford	27332 Phone 919-776-5
ubdivision	Lot
Description of Proposed Work See YEVEYSE	Total Job Cost: \$ 26,00
General Contractor Info	
Juilding Contractor's Company Name	
uilding Contractor's Company Name	Telephone
ddress	Email Address
HEATED SQ FT 1600 GAR	
icense #	•
Electrical Contractor Inf	ormation T Selection
Description of Work See Ceverse Service	e SizeAmps 1-PoleYes
lectrical Contractor's Company Name	Telephone
ddress	Email Address
	r Information
Mechanical/HVAC Contracto	
Mechanical/HVAC Contractor escription of Work echanical Contractor's Company Name	
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Mechanical/HVAC Contractor Description of Work Mechanical Contractor's Company Name Iddress Icense # Plumbing Contractor Info Description of Work See Teverse Jumbing Contractor's Company Name	Telephone Email Address ormation # Baths Telephone Email Address
Mechanical/HVAC Contractor Description of Work Mechanical Contractor's Company Name Iddiess	Telephone Email Address ormation # Baths Telephone Email Address

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

strong roots · new growth



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.

Signalure of Owner/Contractor/Officer(s) of Corporation

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 WTitle JUDDICA Stringle Date April 03 2023

Electrical

- Demolition, required repairs
- -replace wiring as needed \$15,000

Insulation

- remove + replace insulation \$10,000

Plumbing as needed
\$1,000

General

- relocate windows, install French door. repair I replace window headers
- replace flooring
- Add wall to close in laundry room.
- replace pointing with drywall \$ 10,000