



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: Bonnie & Ashleigh Long Date 8/28/23

Site Address: 71 Blue Chip Ct., Broadway NC 27505 Phone _____

Subdivision: N/A Lot _____

Description of Proposed Work: construction of inground pool & spa. Total Job Cost \$150,000

General Contractor Information

Pearl Pool Plastering Telephone (919) 746-7011

Building Contractor's Company Name
5813 Lesse Lane, Raleigh 27617 Email Address pearlpermits@pools-world.com

Address 74931

License # _____

Electrical Contractor Information

Description of Work wiring to pool equip., lights Service Size: 100 Amps T-Pole: Yes No

Marsigli Electric LLC Telephone 252-557-5347

Electrical Contractor's Company Name
4821 Edgerton Ct. Raleigh, 27612 Email Address marsiglielectric@gmail.com

Address 36111

License # _____

Mechanical/HVAC Contractor Information

Description of Work connect heater for spa
Brite Creations Telephone 919-263-3474

Mechanical Contractor's Company Name
7204 ACC Blvd., Raleigh NC 27617 Email Address Keith@brite-creations.com

Address 31519

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.

Karen Jeheller
Signature of Owner/Contractor/Officer(s) of Corporation

8/28/23
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 *Karen Jeheller*

Project Coordinator

Date: 8/28/23