



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: HOLLY C. GARDNER Date: 8/15/2023
Site Address: 2265 BENSON ROAD, ANGIER, NC 27501 Phone: 919-669-6291
Subdivision: _____ Lot: \$ 400,000⁰⁰
Description of Proposed Work: FIRE RESTORATION Total Job Cost: \$400,000⁰⁰

General Contractor Information

GARDNER ROOFING & CONSTRUCTION 919-669-1106
Building Contractor's Company Name Telephone
PO Box 1943 Angier NC 27501 Austin@gardnernc.com
Address Email Address
74125 HEATED SQ FT GARAGE SQ FT
License #

Electrical Contractor Information

Description of Work replace all burned out wiring Service Size: _____ Amps T-Pole: Yes No
MABRY ELECTRICAL 919-639-4837
Electrical Contractor's Company Name Telephone
731 MABRY RD., ANGIER, NC 27501 daniel@mabryelectrical.com
Address Email Address
15077U natalie@mabryelectrical.com
License #

Mechanical/HVAC Contractor Information

Description of Work replace all burned out wiring
B+J Heat and Air Service 919-552-5550
Mechanical Contractor's Company Name Telephone
PO Box 577 Angier NC 27501 ~~daniel@mabryelectrical.com~~
Address Email Address
20380 bandj hvac@gmail.com
License #

Plumbing Contractor Information

Description of Work replace all burned out plumbing # Baths 3.5 BATHS
GARY WILLIS PLUMBING 919-894-2987
Plumbing Contractor's Company Name Telephone
2858 BAILEY RD, COATS hayleyh@gwplumbinginc.com
Address Email Address
18659
License #

Insulation Contractor Information

Live Green Inc 919-441-0900
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

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:  owner Date: 8-28-23