



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: Jeffrey and Shirley Zimmer Date 09/18/23
Site Address: 655 Flintlock Lane Fuquay Varina, NC 27526 Phone 919-630-0232
Subdivision: James W Bailey Lot 2
Description of Proposed Work: 19'1" x 35' Custom inground pool & Spa Combo, 348 Sf natural stone deck, concrete equipment pad, gas heater. Pool fence per code Total Job Cost 151,180.00

General Contractor Information

Master Pools by Gress Inc 919-545-7665
Building Contractor's Company Name Telephone
437 Lower Thrift Road New Hill, NC 27562 perla@gressinc.com
Address Email Address
88496 **HEATED SQ FT** **GARAGE SQ FT**
License #

Electrical Contractor Information

Description of Work Hook up of pool equipment; pump, filter, lights, automation, etc Service Size: 60 Amps T-Pole: Yes No
Mr. Sparky Electric Inc 910-689-7739
Electrical Contractor's Company Name Telephone
177 Washington Lane Cameron, NC 28326 mrsarkyelectric1@gmail.com
Address Email Address
U35014
License #

Mechanical/HVAC Contractor Information

Description of Work Gas line and gas heater installation
Super "B" General/ Contracting Incorporated 919-868-5919
Mechanical Contractor's Company Name Telephone
248 North Raleigh Farms Rd Youngsville, NC 27596 superbmechanical@yahoo.com
Address Email Address
L29981
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
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.

Paula Hernandez

9/18/23

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

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: *Paula Hernandez* office Manager Date: *9/18/23*