105 Rainey Lr



Application # \_\_\_\_

\* Each section below to be filled out by whomever performing work. Must be owner/occupier or licensed contractor. Address, company name & phone must match 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

| ation on license.                                |                                  |
|--|----------------------------------|
| Owner's Name: Jaime Louestments IVC              | Date: <u>08/22/2</u> 3           |
| Site Address: 105 Rainey Dr Spring lake          | Phone: 919 478 3428              |
| Subdivision:                                     | Lot:                             |
| Description of Proposed Work:                    | Total Job Cost: 300000.00        |
| General Contractor Information                   | 1                                |
| Godon Construction                               | (919) 770 1070                   |
| Building Contractor's Company Name               | Telephone                        |
| 323 N steele st Sanford, NC                      | 4                                |
| Address  | Email Address                    |
| 46 72 HEATED SQ FT GARAGE SC                     | Q FT                             |
| License #  Electrical Contractor Informatio      | n                                |
| Description of Work New Electrical Service Size: | 200 Amps T-Pole: Yes No          |
| David Hooker Electric. CO                        | -                                |
| Electrical Contractor's Company Name             | Telephone                        |
|  |                                  |
| Address  | Email Address                    |
| 10657 L  |                                  |
| License #  Mechanical/HVAC Contractor Inform     | ation                            |
| Description of Work New Mechacical 1HVAC         |                                  |
| Tabourn, Heating and Air conditioning            | 910-669-99-23                    |
| Mechanical Contractor's Company Name             | 9/9 -6 69 - 22 - 23<br>Telephone |
| 3220 charlie Grissom rd Kittrell M               | relephone                        |
| Address  | Email Address                    |
| 20627  |                                  |
| License #  |                                  |
| Plumbing Contractor Informatio                   | <u>n</u>                         |
| Description of Work New Alumbing                 | _# Baths                         |
| Titan's Plumbing IZC                             | 919 -909-0990                    |
| Plumbing Contractor's Company Name               | Telephone                        |
| PO box 1045 Dung NC                              |                                  |
| Address  | Email Address                    |
| 34800  |                                  |
| License #  |                                  |
| Insulation Contractor Information                | <u>n</u> 010 412071120           |
| Morelos Construction INC                         | 417 710 5760                     |
| 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 <a href="bysigning-below-I have obtained all subcontractors">bysigning-below I have obtained all subcontractors</a> <a href="permission-to-obtain-these-permits">permission to obtain these permits</a> and if <a href="mailto:any-permission-to-obtain-these-permits">any-permission to obtain these permits</a> and if <a href="mailto:any-permission-to-obtain-these-permits">any-permission to obtain these permits</a> and if <a href="mailto:any-permission-the-obtain-these-permits">any-permission to obtain these permits</a> and if <a href="mailto:any-permission-the-obtain-the-obt

**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.

| David perez Sarme Signature of Owner/Contractor/Officer(s) of Corporation  08/22/23  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.   |  |
| ${\text{them.}}$ 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: David Perez Jaime Jaime Investment Foate: 08/28/23  |  |