



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: Veron K Marsh Date: 10/5/23
Site Address: 90 Sedgefield Lane Phone: _____
Subdivision: _____ Lot: _____
Description of Proposed Work: 2 Room Addition on Back Total Job Cost: 64500.00

General Contractor Information

Redell Bullard Telephone: 910 261-5004
Building Contractor's Company Name
3781 Philipp Church Rd Bullard, Redell @ 6mail.com
Address Email Address
13193 HEATED SQ FT 386 GARAGE SQ FT 0
License #

Electrical Contractor Information

Description of Work: Master Suit Service Size: _____ Amps T-Pole: Yes No
Jerry Thompson Electric Telephone: 910-734-0228
Electrical Contractor's Company Name
1780 Arthur Collier Rd Bladecboro
Address Email Address
L-12582-U
License #

Mechanical/HVAC Contractor Information

Description of Work: _____
Goins Heat A/C Donnie Telephone: 910 827-0387
Mechanical Contractor's Company Name
Wagon Wheel Rd Shanna
Address Email Address
22867
License #

Plumbing Contractor Information

Description of Work: Bath & 1/2 # Baths: 1 1/2
Redell Bullard Telephone: 910 261-5004
Plumbing Contractor's Company Name
3781 Philipp Church Rd
Address Email Address
1319313161
License #

Insulation Contractor Information

Redell Bullard Telephone: 910-261-5004
Insulation Contractor's Company Name & Address

*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.

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

10/5/23
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: *Paul Jellman*

Date: 10/5/23