

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license. Application # _____

Hamett 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

Application for Residential Building and Trades Permit

Owner's Name: Sandy Johnson	Date 12/5/23			
Site Address: 50 Alban Zow	Phone 404. 3912. 1726			
Subdivision: Magndia Crest	Lot 24			
Description of Proposed Work: Pepair five damage to home	Total Job Cost 350,000			
Description of Proposed Work: Propar five damage to home General Contractor Information	and finish Alic including addin			
Provision Building (o. (chard metacer)	_919.625.3751 elevator			
Provision Building Co. (chad metrger) Building Contractor's Company Name	Telephone			
Po Box 10092	chad C provision building co. co			
Address	Email Address			
81323 HEATED SQ FT 2420 GARAGE SQ	FT 484			
License #				
Description of Work Pepaw Five danage & Nur All C Service Size:	200 Amps T-Pole: Yes No			
Sine nave Electric	919 500 9000			
Electrical Contractor's Company Name	<u>919.500, 9000</u> Telephone			
Address Bell camp ct. Paleyh, NC 27610	<u>Svaldez C Sinewaveelec.com</u> Email Address			
<u> </u>	Email Address			
License #				
Mechanical/HVAC Contractor Information	ation_			
Description of Work Pachin atic & repair firedamas A. Maynor Heating & Air	ge as mainterel			
Mechanical Contractor's Company Narke	919 . 888 . 1788			
Mechanical Contractor's Company Name	Telephone			
1000 Goodwill Dr. Apex, NC 27539	mike. I dancy C maynovservices. Email Address			
Address	Email Address			
35159				
License # Plumbing Contractor Information				
Description of Work Ruch in new bath in Affic	# Baths			
Plumbing Contractor's Company Name	919.381.(813			
	Telephone			
Address Ad Roberts Rd. Benson , No 27504	Schedde Occleys.can			
32853	Email / Addiess			
License #				
Insulation Contractor Information				
Livequeen Sool Old Pode Pd. Ralegh, N 27410	919.453.641			
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 bysigning-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

 $\frac{\frac{12}{5}/23}{\text{Date}}$

Affidavit for The undersigned applicant being the:		mpensation N.	C.G.S. 87-14
General Contractor	_Owner	Officer/Agent of	f the Contractor or Owner
Do hereby confirm under penalties of set forth in the permit:	perjury that the	person(s), firm(s) or	corporation(s) performing the work
Has three (3) or more employe	es and has obta	ined workers' comp	pensation insurance to cover them.
Has one (1) or more subcontra	ctors(s) and has	obtained workers'	compensation insurance to cover
Has one (1) or more subcontraction covering themselves.	ctors(s) who has	their own policy of	workers' compensation insurance
Has no more than two (2) emp	loyees and no s	ubcontractors.	
While working on the project for which Department issuing the permit may re to issuance of the permit and at any ticarrying out the work. Sign w/Title	quire certificates	of coverage of wor	rker's compensation insurance prior