

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

Application # _____

Harnett County Central Permitting 420 McKinney Pkwy Lillington, NC 27546 PO Box 65 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

v	
Owner's Name: Kenneth Coley	Date 12-17-2
Site Address: 103 Marsha Ct. Erwin NC 2833.	9 Phone 910-814 -715
Subdivision: POST G , de	Lot 44
Description of Proposed Work: repair from Fire	Potal Job Cost 130,546.8
General Contractor Information	
PHC Restoration Inc	919-834-6523
Building Contractor's Company Name	Telephone
168/EMCNeillSf Lillington 19C 27546 Address	Email Address 919-818-2582
49762 HEATED SQ FT 1433 GARAGE SQ	9/1/010 23 33
License #	
Electrical Contractor Information	1 Amno T Dolo: Voc /No
Description of Work Replace Damased Wing Service Size:	(902)960-6001
Electrical Contractor's Company Name	Telephone
177 Nashtran Car Camelon K 28326	ulisesamos100@yahoo.com
Address	Email Address
35014	
License #	
Mechanical/HVAC Contractor Information	
Description of Work System Replacement from firedamage	010-907
Mechanical Contractor's Company Name	910-897-550/ Telephone
724 Turlington Rd Dunn NC 2834	relephone
Address	Email Address
17164	
License #	
Plumbing Contractor Information	
Description of Work replace fire damaged 7 bombins	_# Baths
Double J Plumbing LLC	910-814-7705
Plumbing Contractor's Company Name	Telephone
Address Bumlevel NC 28323	Email Address
21649	Zilidii / Iddi 666
License #	
Out O Insulation Contractor Information	
PHC RESIDERATION INC. 1601 EMENERIS & CITING FOR N	919-834-6523
Insulation Contractor's Company Name & Address 27346	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

12-12-23

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: Date: Date: Date: Date: