

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 information on license. 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

Owner's Name: Richard Meli	Date: 02/01/2024
Site Address 2705 NC-27, Coats, NC 27521	Phone: 404-291-2135
Subdivision:	Lot:
Description of Proposed Works Place existing utilities, cosme	etic workal Joh Cost: \$100,000
General Contractor Informa	
Richard Meli - owner as GC	404-291-2135
Building Contractor's Company Name	Telephone
same as site address	jellmel@yahoo.com
Address	Email Address
n/a HEATED SQ FT 2800 GARAG	ESQFT_n/a
License #	
Description of Work replace old wiring and fixtures Service S	ize: Amns T-Pole: Yes No
Rav Tech Industries, LLC	919-422-3519
Electrical Contractor's Company Name	Telephone
7800 S NC 55 HWY, Willow Spring, NC 27592	Serve Possesses
Address	Email Address
please see the original trade permit application that had	been approved - David Thomason
License #	is the electrician's name
Mechanical/HVAC Contractor In	
Description of Work Replace duct work, add propane line	
One Man Service Heating and Air Conditioning	919-986-9319
Mechanical Contractor's Company Name	Telephone
15 Classic Cove Ct, Fuquay Varina, NC 27526	· · · · · · · · · · · · · · · · · · ·
Address	info@onemanservicehvac.com
Addi 699	info@onemanservicehvac.com Email Address
34950	
34950 License #	Email Address
34950 License # Plumbing Contractor Inform	Email Address
34950 License # Plumbing Contractor Inform Description of Work Replace existing plumb lines and fixture	Email Address nation Ires # Baths 3
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34950 License # Plumbing Contractor Inform Description of Work Replace existing plumb lines and fixtue Richard Meli (owner) - permit #PRES2309-0011 grade Plumbing Contractor's Company Name	Email Address nation tres # Baths 3 nted (404) 291-2135 Telephone
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*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 bermission 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.

02/01/2023 02/01/2024

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:	