



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: JAMES DOLAN Baker & wife Teresa Date: 1-25-2024
Site Address: 1695 Crawford Road Coats NC. Phone: 919-222-8345
Subdivision: _____ Lot: -
Description of Proposed Work: Add CARPORT, wash room, Closet Total Job Cost: \$50,000
update

General Contractor Information

DANNY HOPE 919-750-1448
Building Contractor's Company Name Telephone
302 Shamrock Rd danny.hope55@gmail.com
Address Email Address

62137 HEATED SQ FT 1,000 GARAGE SQ FT _____
License # CARPORT 24x25 = 600 sq ft.

Electrical Contractor Information

Description of Work Add Receptacles & Lights Service Size: 200 Amps T-Pole: Yes No
MABRY'S Electrical Service 919-639-4837
Electrical Contractor's Company Name Telephone
731 Mabry Road Contact@MABRYELECTRICAL.COM
Address Email Address
15077 U
License #

Mechanical/HVAC Contractor Information

Description of Work New Unit
J+M Heating + Air 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Turbington Road J+M HVAC@Centurylink.net
Address Email Address
17164
License #

Plumbing Contractor Information

Description of Work Plumb new WASH ROOM # Baths 2
First Class Plumbing (Zak) 772-607-3553
Plumbing Contractor's Company Name Telephone
108 Woodrose Ave ?
Address Email Address
33348
License #

Insulation Contractor Information

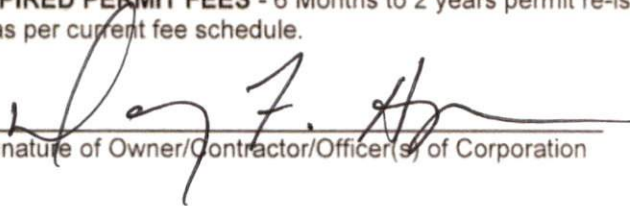
TRI City / WALT 252-243-4999
Insulation Contractor's Company Name & Address Telephone

*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 **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.


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

1-25-2024
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:

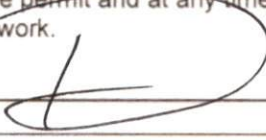
Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

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: 

Date: 1-25-2024