



Application # _____

Harnett 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

* 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: Frances Sevits Date 3-6-24
Site Address: 96 Cove Landing, Sanford NC 27332 Phone 919-922-2732
Subdivision: Carolina Lakes Lot _____
Description of Proposed Work: Fire restoration Total Job Cost \$35,000

General Contractor Information

Restoration Experts of NC 919-557-7900
Building Contractor's Company Name Telephone
280-121 Premier Dr. Holly Springs NC 27540 tim@restorationexpertsofnc.com
Address Email Address
71094 **HEATED SQ FT 1448** **GARAGE SQ FT 462**
License #

Electrical Contractor Information

Description of Work Replace wiring Service Size: 200 Amps T-Pole: Yes No
One Call Electric 203-667-2267
Electrical Contractor's Company Name Telephone
108 Woodwinds industrial ct. Cary NC 27511 onecallelectricllc@gmail.com
Address Email Address
30810-L
License #

Mechanical/HVAC Contractor Information

Description of Work Replace exterior units and crawlspace unit. Repair line sets.
Delta T Services David Evans 919-823-5688
Mechanical Contractor's Company Name Telephone
3228 Burlington Mills Rd. Wake Forest NC 27587 Keith@deltanc.com
Address Email Address
34029
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Plumbing Contractor's Company Name Telephone
Address Email Address
License #

Insulation Contractor Information

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

03-06-24
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: *[Signature]*

(Date: 3-6-24)