



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: Paul Moses Date _____

Site Address: 1076 Micro Tower Rd. Phone 919-353-5828

Subdivision: 1 LOT #7 PROF MED REC SER Lot _____

Description of Proposed Work: Installation of smart jack(2), 10ft steel beam encapsulation to include electrical outlet installation 20/15 amp to support dehumifier and pump. Total Job Cost 18512

General Contractor Information

Southeast Foundation and Crawlspace Repair LLC 910-490-4169

Building Contractor's Company Name Telephone

709 1/2 Southwest Blvd Clinton NC 28328 swarren@sefoundationrepair.com

Address Email Address

n/a under 30 k

HEATED SQ FT 1215 **GARAGE SQ FT** _____

License # _____

Electrical Contractor Information

Description of Work Outlets in crawlspace 20/15 amp Service Size: 35 Amps T-Pole: Yes Yes No

Ransom Electric LLC 984-242-6713

Electrical Contractor's Company Name Telephone

128 Glasgow Dr Clayton NC 27520 swarren@sefoundationrepair.com

Address Email Address

36273L

License # _____

Mechanical/HVAC Contractor Information

Description of Work n/a

Mechanical Contractor's Company Name Telephone

Address Email Address

License # _____

Plumbing Contractor Information

Description of Work n/a # Baths _____

Plumbing Contractor's Company Name Telephone

Address Email Address

License # _____

Insulation Contractor Information

n/a 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.

Sitiva Warren

May 13, 2024

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

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: *Sitiva Warren*

Date: May 13, 2024