

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: TONY JOHNSON Date _____
Site Address: 704 NORTH 16th ST ERWIN N.C. 28339 Phone ~~197~~ 1 913-898-1757

Subdivision: _____ Lot _____
Description of Proposed Work: REMODIE Total Job Cost: \$2,800.00

*NEW ROOF. HEAT PUMP DUCKS
DRYWALL- PAINT. ELECTRICAL*

General Contractor Information

FERGUSON HOME IMPROVEMENT 910-890-8652
Building Contractor's Company Name Telephone
279 - HOWARDS LN DUNN N.C. 28334
Address Email Address

HEATED SQ FT _____ GARAGE SQ FT _____

License # _____

Electrical Contractor Information

Description of Work: THE WIRE OF ENTIRE HOUSE Service Size: 200A Amps T-Pole: Yes No
SWATT ELECTRIC 910 890 7746
Electrical Contractor's Company Name Telephone
206 WEST E STREET ERWIN NC 28339 AWEST412@gmail.com
Address Email Address
L36334

License # _____

Mechanical/HVAC Contractor Information

Description of Work: All new Duct system and packaged heat pump
Coria's Heating & Air LLC 910-973-0514
Mechanical Contractor's Company Name Telephone
504 Warren rd Erwin NC JimmyCoria0528@gmail.com
Address Email Address
35854

License # _____

Plumbing Contractor Information

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

License # _____

Insulation Contractor Information

CLAUDE FERGUSON 910-890-8652
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.

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

10-24-24
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: *Claude Ferguson*

Date: *10-24-24*