

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

Date: 11/16/24
Phone: 5 40. 460.95 6
EXPIRED PET 25 I TOUR Months I
Total Job Cost: \$ 21, 400.00
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QFT <u>livabill</u>
on Amps T-Pole:YesNo
Amps 1-Pole:TesNO
919-699-6490 Telephone
Office @ county line suc, com
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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 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

	Affidav	it for Worker's C	Compensation N.C.	G.S. 87-14
The u	indersigned applicant beir	g the:		
~	General Contractor	Owner	Officer/Agent of the	e Contractor or Owner
	ereby confirm under penal rth in the permit:	ties of perjury that th	e person(s), firm(s) or co	rporation(s) performing the work
~	Has three (3) or more er	nployees and has ob	stained workers' compen-	sation insurance to cover them.
them.		contractors(s) and h	as obtained workers' cor	npensation insurance to cover
	Has one (1) or more subing themselves.	contractors(s) who h	as their own policy of wo	orkers' compensation insurance
	Has no more than two (2	employees and no	subcontractors.	
Depai to issu	rtment issuing the permit	may require certificat	es of coverage of worke	hat the Central Permitting r's compensation insurance prior person, firm or corporation
Sign	W/Title Deborah D	augherty P	resident 10 wm	Date: 11 16 24



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 Date 11/13/24						
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: Deborah Daughnty, President Date: 11/13/24						

ESTIMATE

Clayton Concrete Company 302 Parkridge Dr Clayton, NC 27527 claytonconcretecompany@gmail.co m +1 (919) 427-5543



Bill to

High Mark Painting & Remodeling 90 Barnsley Road Angier, NC 27501 Ship to High Mark Painting & Remodeling 90 Barnsley Road Angier, NC 27501

Estimate details

Estimate no.: 1898

Estimate date: 09/02/2024 Expiration date: 11/02/2024

# Date	Product or service	Description	Qty	Rate	Amount
1.	Concrete Pad	Slab: 15' x 9' With 2' overhang being on right hand side. (See attached) Thickness: 4" Reinforced: N/a Joints: Tool Finish: Broom Mix: 3000 psi res. Footings: N/a Rough grading and site prep by others.	135	\$19.25	\$2,598.75
2.	Concrete Buggy	Used to carry concrete in hard to reach areas	1	\$200.00	\$200.00
3.	Short Load Fee	Fee charged by Eagle Rock Concrete Service for orders under 5 cubic yards.	1	\$200.00	\$200.00
		Total		\$2,	998.75
			Expiry	1	1/02/2024

Accepted date

Accepted by