

Application #

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

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

Application for Residential Building and Trades Permit

| Owner's Name: Joseph Wendl | Date12/17/2024_ | | |
|---|--|--|--|
| Site Address: 25 Remington Hill Dr Bunnlevel, NC 28323 We will encapsulate, replace insula | Phone (910) 203-9413 | | |
| We will encapsulate, replace insula | ition Trione | | |
| Subdivision: and seal all vents and perforations | in the Lot | | |
| Description of Proposed Work: crawlspace. 20 amp GFCI outlet will be added to the vispace for the dehumidifier. General Contractor Inform. | Total Job Cost\$18500.00 | | |
| vlspace for the dehumidifier. General Contractor Inform | ation_ | | |
| Groundworks NC LLC - Tarheel Basement Systems | 910-550-1061 | | |
| Building Contractor's Company Name | Telephone | | |
| 8005 Knightdale Blvd. Knightdale, NC 27521 | raleighaccounting@tarheelbasementsystems | | |
| Address | Email Address | | |
| 79336 HEATED SQ FT 1406 GARAG | GE SQ FT | | |
| License # | <u> </u> | | |
| Electrical Contractor Inform | | | |
| Description of WorkTwo 20 amp GFCI outlet will be added Service S | Size:Amps T-Pole:Yes X_No | | |
| uchstone Electric to the crawlspace for the dehumidifier. | 919-670-4015 | | |
| Electrical Contractor's Company Name | Telephone | | |
| 8601 Six Forks Rd Raleigh, NC 27601 | dispatch@touchstoneelectric.com | | |
| Address | Email Address | | |
| U.37073 | | | |
| License # | | | |
| Mechanical/HVAC Contractor In | <u>nformation</u> | | |
| Description of Work | | | |
| | | | |
| Mechanical Contractor's Company Name | Telephone | | |
| | · | | |
| Address | Email Address | | |
| | | | |
| License # | | | |
| Plumbing Contractor Inform | <u>nation</u> | | |
| Description of Work | # Baths | | |
| | | | |
| Plumbing Contractor's Company Name | Telephone | | |
| Trainbing Contractor 5 Company Name | relephone | | |
| Address | Email Address | | |
| Audicoo | | | |
| | Email / Idal 655 | | |
| License # | Email / Idai oss | | |
| License # Insulation Contractor Inform | | | |
| License # Insulation Contractor Inform | | | |

*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.

12/17/2024

Date

| Affidavit for Worker's Compensation N.C.G.S. 87-14 | | | | | | |
|--|--|-----------------------|----------------------------|---------------------------------|--|--|
| The und | dersigned applicant being the | e: | | | | |
| X | General Contractor | Owner | Officer/Agent of the | Contractor or Owner | | |
| | eby confirm under penalties on in the permit: | of perjury that the p | person(s), firm(s) or corp | poration(s) performing the work | | |
| X Has three (3) or more employees and has obtained workers' compensation insurance to cover them. | | | | | | |
| them. | Has one (1) or more subcont | ractors(s) and has | obtained workers' comp | pensation insurance to cover | | |
| 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. | | | | | | |
| Departr to issua | vorking on the project for whiment issuing the permit may unce of the permit and at any gout the work. | require certificates | of coverage of worker's | s compensation insurance prior | | |
| Sign w/ | Title: | terly | Office manager | Date:12/17/2024 | | |