

## RESIDENTIAL BUILDING APPLICATION

Site Address: 643 wheeler dr angier 27501 PIN: \_\_\_\_\_

Owner: Sarah Hale Phone: 9193329162 Email: Harnettplace643@gmail.com

Description of Proposed Work: Renovate kitchen and both master baths, remove load bearing wall In between kitchen and living room, add dog wash area to garage, run Gas line to range, installing new cans and sconces in kitchen, add in Bath showers will be tile with new fixtures Total Job Cost: \$275,000

### GENERAL CONTRACTOR INFORMATION

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

Branch Home Improvement 9197951801  
General Contractor's Company Name Phone  
992 hortons pond rd apex nc 27523 Daniel@branchhomeimprovement.com  
Address Email  
78481  
License #

### ELECTRICAL CONTRACTOR INFORMATION

Description of Work: New lights in renovated area, may be relocating electrical from w Removal Service Size: 200 Amps T-Pole: YES ☐ NO ☒  
Pleasants Electric 9196180256  
Electrical Contractor's Company Name Phone  
819 brookside dr raleigh 27604 Bpleasants@pleasantselectric.com  
Address Email  
30273  
License #

### MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Run new gas line for range  
Triangle repair group 9197039393  
Mechanical Contractor's Company Name Phone  
704 three sisters rd knightdale 27545 Trianglerepairgroup@gmail.com  
Address Email  
33330  
License #

### PLUMBING CONTRACTOR INFORMATION

Description of Work: Plumbing for dog wash, freestanding tub, new tile showers, pot filler # of Fixtures: 7  
Rushin plumbing 919 410 5967  
Plumbing Contractor's Company Name Phone  
7581 nc 210 smithfield nc 27577 Rushinplumbing@gmail.com  
Address Email  
33242  
License #

### INSULATION CONTRACTOR INFORMATION

May not be needed Bros insulation 9193582043  
Insulation Contractor's Company Name Phone



I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned contractors is correct as it is 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 all changes.

**EXPIRED PERMIT FEES - 6 months to 2 years re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

Signature of Owner/Contractor/Officer 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

Does hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

☐ Has 1 or more subcontractors and has obtained workers' compensation insurance to cover them,

☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ Has no more than 2 employees and no subcontractors,

While working on the project for which this permit is sought and it is understood that the Central Permitting Department issuing the permit may require certificates of workers' compensation insurance coverage from any person, firm, or corporation carrying out the work prior to issuance of the permit or at any time during the permitted work.

Signature of Owner/Contractor/Officer of Corporation

Date