

RESIDENTIAL BUILDING APPLICATION

Site Address: 1015 Brick Mill Rd Coats NC 27521 PIN: 07-6599-0119
Owner: Math Bray Phone: 919.524.1874 Email: MathRBray14@gmail.com
Description of Proposed Work: Convert carport to family room Total Job Cost: \$60,000

GENERAL CONTRACTOR INFORMATION

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

Believe Builders, LLC / Stephen Cochran 919.369.6523
General Contractor's Company Name Phone
6625 ALVIN LANE FURQUAY VARIAN believebuildersllc@gmail.com
Address Email
83422
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: lights, outlets, minisplit Service Size: _____ Amps T-Pole: YES ☐ NO ☒
Harte Electric 919.639.6851
Electrical Contractor's Company Name Phone
7836 S NC 55 Hwy Willow Springs harteelectricnc@gmail.com
Address Email
23339-11
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: mini split
Design Mechanical 919.557.7683
Mechanical Contractor's Company Name Phone
P.O Box 700 Willow Spring designmechanical01@gmail.com
Address Email
36668 H2, H3-1
License #

PLUMBING CONTRACTOR INFORMATION

Description of Work: Ø # of Fixtures: _____
Plumbing Contractor's Company Name Phone
Address Email
License #

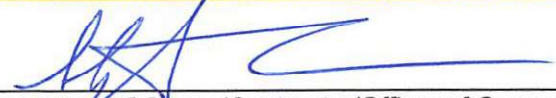
INSULATION CONTRACTOR INFORMATION


G & Sons Insulation 919.628.9783
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:

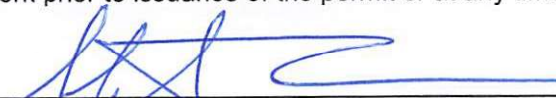
_____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,


_____ 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