

RESIDENTIAL BUILDING APPLICATION

Site Address: 150 Summerlin Drive - Sanford, NC 27332 PIN: 9567-82-1764-000
Owner: Chris Hardiman Phone: 516 944 0743 Email: hardiman.chris@gmail.com
Description of Proposed Work: Add 10x34 Screen Porch to rear Total Job Cost: \$33,050

GENERAL CONTRACTOR INFORMATION

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

Tech Construction 919 390 4077
General Contractor's Company Name Phone
1322 Steel Bridge Road - Sanford NC 27330 techconstruction11@gmail.com
Address Email
66124
License #

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Add ceiling fan and receptacle Service Size: 200 Amps T-Pole: YES ☐ NO ☒
JS Howard Electric 919 770 1502
Electrical Contractor's Company Name Phone
2514 Logwood St. Sanford, NC 27332 js.howard@windstream.net
Address Email
15793-L
License #

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: N/A
Mechanical Contractor's Company Name Phone
Address Email
License #

PLUMBING CONTRACTOR INFORMATION

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

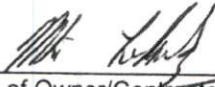
INSULATION CONTRACTOR INFORMATION

N/A
Insulation Contractor's Company Name Phone

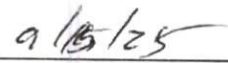


I hereby certify that I have the authority to complete this application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and in the Harnett County Zoning Ordinance. I state the information on the aforementioned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

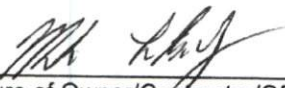
☐ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

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

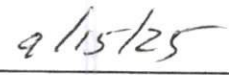
☒ Has 1 or more subcontractors who has their own policy of workers' compensation insurance covering themselves,

☐ 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