

RESIDENTIAL BUILDING APPLICATION

Site Address: 281 Old Stage Rd N., Coats PIN: _____
Owner: David Heath Phone: 919-753-5004 Email: Heathdfnc@yahoo.com
Description of Proposed Work: 2 room addition on existing mono slab Total Job Cost: \$12,000.00

GENERAL CONTRACTOR INFORMATION

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

David Heath
General Contractor's Company Name
281 Old Stage Rd. N., Coats
Address

919-753-5004
Phone
Heathdfnc@yahoo.com
Email

License # _____

ELECTRICAL CONTRACTOR INFORMATION

Description of Work: Modify existing electrical
BA Jackson Electric
Electrical Contractor's Company Name
9261 Raleigh Rd, Benson NC 27504
Address
21144
License # _____

Service Size: 200 Amps T-Pole: YES ☐ NO ☒
919-730-1251
Phone
BAJacksonElectric@embarq
Email mail.com

MECHANICAL/HVAC CONTRACTOR INFORMATION

Description of Work: Add vents to existing equipment.
Dupree Heating & Air
Mechanical Contractor's Company Name
2085 Eddie Howard Rd. Willow Spring, 27592
Address
31834
License # _____

919-291-0573
Phone
Email _____

PLUMBING CONTRACTOR INFORMATION

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

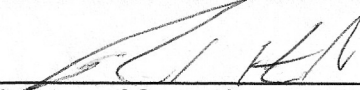
INSULATION CONTRACTOR INFORMATION

Tatum Insulation II Inc.
Insulation Contractor's Company Name

919-661-0999
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

10-27-25

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:

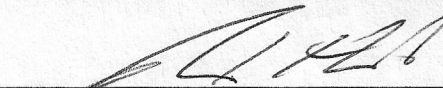
____ Has 3 or more employees and has obtained workers' compensation insurance to cover them,

____ 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

10-27-25

Date