

09/09/11

Application #

1150027793

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2793 www.harnett.org/permits

Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address company name & phone must match.

Application for Residential Building and Trades Permit

Owner's Name Angela Tyndall Date 10-27-11
Site Address 107 East 'D' Street Erwin, NC Phone (910) 890-1844
Directions to job site from Lillington 107 East O St.

Subdivision NA Lot _____
Description of Proposed Work Additions front porch Bathroom # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Building Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
owner
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
Maida Electric Telephone 910-890-6792
Electrical Contractor's Company Name _____
Address 23491 Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work Run duct to new bathroom
owner
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
Jason Barefoot Telephone (910) 892-4734
Plumbing Contractor's Company Name _____
5476 Timothy Rd. Deep, NC
Address _____ Email Address _____
License # 20094

Insulation Contractor Information

Tatum Insulation
Insulation Contractor's Company Name & Address _____ Telephone _____
519 Old Drugstore Rd.

*NOTE General Contractor 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

Angela Jundare
Signature of Owner/Contractor/Officer(s) of Corporation

10-27-11
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

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

Has three (3) or more employees and has obtained workers compensation insurance to cover them

Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

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

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

Company or Name _____

Sign w/Title Angela Jundare Date 10-27-11

Plan Box # B2

Date 10-27-11

Job Name _____

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Valuation \$10332

SQ Feet 250

Inspections for SFD/SFA

Crawl _____

Slab _____

Mono _____

Footing	Footing	Plumbing Under Slab
Foundation	Foundation	Ele. Under Slab
Address	Address	Address
Open Floor	Slab	Mono Slab
Rough In	Rough In	Rough In
Insulation	Insulation	Insulation
Final	Final	Final

>2500 _____

>2500 _____

>2500 _____

Foundation Survey _____

Envir. Health _____

Other _____



Additions / Other

Footing

Foundation

Slab _____

Mono _____

Open Floor

Rough In

Insulation

Final

98274.6367
 152229

 3965