

09/09/11

Application # _____

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 Brian + Nicole Hawkins Date 7-20-12

Site Address 406 Ruth Circle, Fuquay-Varina 27526 Phone 919-346-0109

Directions to job site from Lillington Take 401 N Turn Rt on Ballard Rd
Turn Rt on Joseph Alexander Dr Turn Left on Ruth Circle

Subdivision Ballard Woods Phase II Lot 36

Description of Proposed Work demo old deck Build screen Porch + deck # of Bedrooms _____

Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Archadeck of Raleigh
Building Contractor s Company Name

919-862-6821 (Danny Wood)
Telephone

1287 Benson Rd Garner
Address

DWood@Archadeck.Nc
Email Address

License # _____

Electrical Contractor Information

Description of Work Ceiling Fan - 3 outlets Service Size _____ Amps T-Pole _____ Yes No

Hair Electric
Electrical Contractor s Company Name

919-422-5898
Telephone

188 Medical Dr. Angier NC 27501
Address

Email Address

3726
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____

Mechanical Contractor s Company Name

Telephone

Address

Email Address

License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____

Plumbing Contractor s Company Name

Telephone

Address

Email Address

License # _____

Insulation Contractor Information

Insulation Contractor s Company Name & Address

Telephone

***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

Darryl L. Wood
Signature of Owner/Contractor/Officer(s) of Corporation

7-20-12
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 Archadeck of Raleigh

Sign w/Title Darryl Wood Project Manager Date 7-20-12

