

09/09/11

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

Application #

70 Pen
13500 32271 Att Gen

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 Tiffany Freeze Allen + Chad Allen Date 2-5-2014
Site Address 40 Rocky Knoll Lane Fugate Phone 919-801-9699
Directions to job site from Lillington 401 N TL on Christina Light Road
Turn Left on Rocky Knoll 1st house on Right
Subdivision Add 1/2 Bath
Description of Proposed Work Add 2 Car Garage with Room Above # of Bedrooms 1
Heated SF 924 Unheated SF 662 Finished Bonus Room? Yes Crawl Space Slab

General Contractor Information

Tommy Allen Construction INC Telephone 919-779-2850
Building Contractor's Company Name
8836 Ransdell Road Raleigh NC 27603 Email Address fac-allen1@bellsouth.net
Address
20121
License #

Electrical Contractor Information

Description of Work Owner Service Size 919-801-9699 Amps T-Pole Yes ☒ No
Electrical Contractor's Company Name
Address
License #

Mechanical/HVAC Contractor Information

Description of Work Add Packag Unit over Garage + 2 Runs Down
Owner Telephone 919-801-9699
Mechanical Contractor's Company Name
Address
License #

Plumbing Contractor Information

Description of Work Add 1/2 Bath Change master # Baths 1/2
Barbour + Purran Telephone 919-553-4455
Plumbing Contractor's Company Name PO Box 934
Clayton NC 27528 Email Address
Address
27132
License #

Insulation Contractor Information

LIVE Green Telephone 919-665-7525
Insulation Contractor's Company Name & Address

*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


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

2-11-2014
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

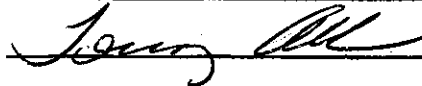
☐ Has one (1) or more subcontractors(s) and has obtained workers compensation insurance to cover them

☐ 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 Tommy Allen Const Inc

Sign w/Title  Presdt Date 2-11-2014