

09/09/11

Application #

17-50040914

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 Chuck & Lisa Symons Date _____
Site Address 382 Williams Town Ln. Coats Phone 919-902-9002
Directions to job site from Lillington 421 toward Dunn take R on Hwy. 27 then R on Birch Mill rd go approx. 2 miles TR on Claylake rd. 1/4 mile on L 1st house

Subdivision _____ Lot _____
Description of Proposed Work remodel & addition # of Bedrooms 2
Heated SF 1200 Unheated SF NA Finished Bonus Room? NA Crawl Space Slab _____

General Contractor Information

Williams Building & Home Repair 919-524-2159
Building Contractor's Company Name Telephone
101 N Spring Beach rd Dunn N.C.
Address Email Address
24975
License # _____

Electrical Contractor Information

Description of Work rewire & panel Service Size 200 Amps T-Pole Yes No
home owner Chuck Symons 919-902-9002
Electrical Contractor's Company Name Telephone
382 Williams Town Ln. Coats
Address Email Address
License # _____

Mechanical/HVAC Contractor Information

Description of Work J+M Heating & AC new unit
J+M Heating & AC 910-897-5501
Mechanical Contractor's Company Name Telephone
724 Tarlington Rd. Dunn N.C.
Address Email Address
17164
License # _____

Plumbing Contractor Information

Description of Work remodel & panel # Baths 2
home owner Chuck Symons 919-902-9002
Plumbing Contractor's Company Name Telephone
382 Williams Town Ln. Coats N.C.
Address Email Address
License # _____

Insulation Contractor Information

home owner 919-902-9002
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

H. Elena Williams
Signature of Owner/Contractor/Officer(s) of Corporation

3/24/17
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 Williams Building & Home Repair

Sign w/Title H. Elena Williams Owner Date 3/24/17