

09/09/11

Application #

1750041273

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 Jim & Molly HAYDEN Date _____
Site Address 745 KRAMER RD Phone 910 964-5950/5951
Directions to job site from Lillington _____

Subdivision _____ Lot _____
Description of Proposed Work _____ # of Bedrooms _____
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

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

Electrical Contractor Information

Description of Work RUN POWER TO SHOP Service Size 90 Amps T-Pole Yes No
A.L. MCKENZIE 919 353-2134
Electrical Contractor's Company Name _____ Telephone _____
1330 John Rosser RD SANFORD _____
Address 20775 U 27332 Email Address _____
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Mechanical Contractor's Company Name _____ Telephone _____
Address _____ Email Address _____
License # _____

Plumbing Contractor Information

Description of Work RUN COLD WATER TO SHOP # Baths 0
H.R. CURTIS 919 718-6666
Plumbing Contractor's Company Name _____ Telephone _____
6314 CARBENTON RD SANFORD _____
Address 10924 27330 Email Address HRCURTIS@WINDSTREAM.NET
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

Parish County Office Building

505 Poydras Street, Suite 1000
New Orleans, LA 70112
504 582 1822 Fax 504 582 1823

Application for Residential, Village and Trades Permit

For information only
This form is for informational purposes only
It is not a contract
The applicant is responsible for providing accurate information
The applicant is responsible for obtaining all necessary permits
The applicant is responsible for paying all applicable fees

Owner's Name: James M. Miller
Site Address: 207 Poydras St
Directions to job site from Lindbergh: From Lindbergh exit 101, turn left on Poydras St, 2nd block left.

Subdiv. No.: _____
Block and Lot: _____
% of Block: _____
Parcel No.: _____
City/Block: _____
General Contractor Information

Contractor's Company Name: _____
Telephone: _____
Email Address: _____
License # _____

General Contractor Information
Description of Work: Remodeling of 2nd floor
Contractor's Company Name: U.S. Construction
Telephone: 504 582 1234
Email Address: info@usconstruction.com

Medical or HVAC Contractor Information
Contractor's Company Name: _____
Telephone: _____
Email Address: _____
License # _____

Plumbing Contractor Information
Description of Work: Plumbing for kitchen
Contractor's Company Name: ABC Plumbing
Telephone: 504 582 5678
Email Address: info@abcplumbing.com

Foundation Contractor Information
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

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

5-11-17
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 _____

Sign w/Title _____ Date _____

