



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 information on license!

Application for Residential Building and Trades Permit

Owner's Name: Mr. Lee H. Covington / Mrs. Valarie B. Covington Date: 10-11-19

Site Address: 150 Union Circle Lillington NC 27546 Phone: 910-334-2869

Subdivision: _____ Lot: _____

Description of Proposed Work: Adding master bedroom and bathroom to the first floor
Turn upstairs bedroom into an office

S and J of Raleigh 919-669-9462
Building Contractor's Company Name Telephone

3235 McLean Chapel Church Rd. Bunnlevel, Shawn@sjofraleigh.com
Address NC 28323 Email Address

55247
License #

Electrical Contractor Information

Description of Work Wiring master bedroom & bath Service Size: 200 Amps T-Pole: Yes No

Triad Electric / Terrance Morgan 919-604-1819
Electrical Contractor's Company Name Telephone

Wake Forest, NC tterrance@triadelectric.org
Address Email Address

31865
License #

Mechanical/HVAC Contractor Information

Description of Work Supply heating and air to new addition
PT Cooper Remodeling Co. 919-272-2010

Mechanical Contractor's Company Name Telephone
3209 Purland Dr. Raleigh NC info@PTcooper.com
Address Email Address

22734
License #

Plumbing Contractor Information

Description of Work Supply plumbing to bathroom # Baths 1
Prince Plumbing / Moses Prince 919-824-6267

Plumbing Contractor's Company Name Telephone
Pittsboro, NC mkprinceplbg@yahoo.com
Address Email Address

12908
License #

Insulation Contractor Information

Palomo Insulation 1019 Lake Verdell 919-369-3770
Insulation Contractor's Company Name & Address Telephone
Wendell, NC

NOTE: General Contractor / owner 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]
Signature of Owner/Contractor/Officer(s) of Corporation

10-11-19
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.

Sign w/Title: [Signature]

Date: 10-11-19