

Harnett County Central Permitting
PO Box 65 Lillington NC 27546
910 893 7525 Fax 910 893 2783 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 Lou Wargo Date 5-14-18
Site Address 640 Turlington Rd. Phone 919-608-9312
Directions to job site from Lillington 421 To 55 South to Rt on Turlington Rd. Approximately 1mi on ~~the~~ Rt.

Subdivision _____ Lot _____
Description of Proposed Work Master Bedroom addition 14x10 + bath remodel # of Bedrooms 4
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Wargo Construction 919-608-9312
Building Contractor's Company Name Telephone
640 Turlington Rd, Dunn 28334 LWARGO@NC.RR.COM
Address Email Address
~~27243~~ 34372
License #

Electrical Contractor Information

Description of Work wire m. bed + bath Service Size 220 Amps T-Pole Yes No
Wargo Construction 919-608-9312
Electrical Contractor's Company Name Telephone
640 Turlington Rd, Dunn 28334 LWARGO@NC.RR.COM
Address Email Address
28121
License #

Mechanical/HVAC Contractor Information

Description of Work New HVAC system + distribution
Bowman Mechanical 919-772-6460
Mechanical Contractor's Company Name Telephone
145 Technical Court, Garner, NC 27529 Steve@bowmanmechanicalservices.com
Address Email Address
12302 H3
License #

Plumbing Contractor Information

Description of Work Master bath Plumbing # Baths 3
ASK Plumbing LLC 919-796-2037
Plumbing Contractor's Company Name Telephone
1013 Havel Town Rd, Wake Forest, NC 27587
Address Email Address
28862
License #

Insulation Contractor Information

Smith Insulation 780 E.F. Cottrell Rd, Louisburg NC 919-469-3512
Insulation Contractor's Company Name & Address Telephone
27549

*NOTE General Contractor must fill out and sign the second page of this application

General Contractor Information

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Each section of the application must be filled out by a person who is authorized to sign for the contractor. A checkmark in the box indicates that the section has been completed.

General Contractor Information

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Description of Work: _____
Contractor's Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
E-mail Address: _____

General Contractor Information

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Description of Work: _____
Contractor's Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
E-mail Address: _____

General Contractor Information

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Telephone: _____
E-mail Address: _____

General Contractor Information

Business Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Description of Work: _____
Contractor's Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
E-mail Address: _____

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

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

5-14-18
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 Wango Construction
Sign w/Title Owner - Fauz Nwango Date 5-14-18

