

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 Ryan & Sarah Sasnett Date 6-21-18
Site Address 221 Winged Foot Dr Bunn Level 28323 Phone 910-580-0474
Directions to job site from Lillington WEST ON FRONT, LEFT ONTO SOUTH MAIN, RIGHT ON 210 SOUTH, LEFT LASATER ROAD

Subdivision WALNUT GROVE Lot 4
Description of Proposed Work detached 18x26 garage # of Bedrooms 1
Heated SF _____ Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

Cardinal Buildings 919-422-5670
Building Contractor's Company Name Telephone
1641 US 70 Hwy East Cardinal buildings
Address Email Address
79556 Building
License #

Electrical Contractor Information

Description of Work Run lights & outlets Service Size 100 Amps T-Pole Yes No
Puryear Electric 919-669-2868
Electrical Contractor's Company Name Telephone
916 Friendship Church Rd mipuryear@hotmail.com
Address Email Address
19615-L
License #

Mechanical/HVAC Contractor Information

Description of Work N/A
Mechanical Contractor's Company Name Telephone
Address Email Address
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
N/A
Plumbing Contractor's Company Name Telephone
Address Email Address
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

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

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

6-21-18
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 Cardinal Building

Sign w/Title Lauren Williams - owner Date 6-21-18