

09/09/11

Farm Use

Application #

Farm Office

1750042637

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 T2 Farms LLC Date 11/24/17
Site Address 757 Lennie Smith Rd Fuquay Phone 919 868 3669
Directions to job site from Lillington 401 North, Left on Chalybeate Rd, Left on Baptist Grove, Left on Lennie Smith, Left on Gravel Rd
Subdivision
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 Service Size Amps T-Pole Yes No
POWERMASTER ELECTRIC 919 557-4477
Electrical Contractor's Company Name Telephone
7621 Pumphrey Rd GFARTHING@POWERMASTERELECTRIC.COM
Address Email Address
13673-U

Mechanical/HVAC Contractor Information

Description of Work QUALITY AIR SERVICE 919 662-0869
Mechanical Contractor's Company Name Telephone
5208 SPRINGS FARM RD RALEIGH NC 27603 QASINL5208@GMAIL.COM
Address Email Address
13367 H1, H2, H3

Plumbing Contractor Information

Description of Work CAMDENS PLUMBING # Baths 919 669-4650
Plumbing Contractor's Company Name Telephone
PO BOX 1359 FUQUAY VARIANA NC CAMDENS PLUMBING
Address Email Address
18903 P1

Insulation Contractor Information

Insulation Contractor's Company Name & Address Telephone
MPT FOAM RALEIGH 919 360-0880

*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

[Signature]
Signature of Owner/Contractor/Officer(s) of Corporation

11/20/17
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 T2 CONTRACTING Inc
Sign w/Title [Signature] PRESIDENT Date 11/20/17