Application # 30754

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

\$10-050-7323 Fax \$10-050-2130 WWW.

Application for Residential Building and Trades Permit

Owner's Name: Douglast Debra Goest Site Address: 22 Oak valley farm rd. Coats 1 C	Date: 1-2-18
Owner's Name: Ook 16 1/2 Coch of Coche A.C.	Phone:
Site Address: 22 Oak Valley Paint la Composition	
Directions to job site from Lillington:	
Subdivision: WA	Lot:
Description of Proposed Work: <u>New Construction</u>	# of Bedrooms:
Heated SF: <u>/729</u> Unheated SF: <u>/259</u> Finished Bonus Room?	Crawl Space: Slab: _
Stand Sure Custom Homes	910.890-6870
Building Contractor's Company Name	Telephone
P.O. Box 1072 Coats N.C. 27521	
Address	Email Address
70922	
1	
Description of Work New Const. Electrical Contractor Information Service Size:	Amps T-Pole: VesNo
Toron H Pape Glectical	919.820.0837 Telephone
Sason H Pope Clectrical Electrical Contractor's Company Name	Telephone
Si Beaver Creck Dr. Dunn A.C. 28334	
Address	Email Address
77284	
License #	ation
Mechanical/HVAC Contractor Inform	<u>ation</u>
Description of Work New Const	9:0 F00 U287
AC Man Heating + Qir Mechanical Contractor's Company Name	910 - 797 - 4287 Telephone
Mechanical Contractor's Company Name	reepriorie
1817 Geibager Dr. Fayetteville A.C. 28303	Email Address
Address	
3/632 License #	
Plumbing Contractor Informatio	<u>n</u> – – – – – – – – – – – – – – – – – – –
Description of Work New Const.	_# Baths <u>-</u>
Gloves Contract Plambing Inc.	919-868-0959
Clover Contract Planting Inc. Plumbing Contractor's Company Name	Telephone
Plumbing Contractor's Company Name 304 Quail Hollow Way Sanford N.C. Address	
Address	Email Address
27332 23160 PI	
License #	an .
Insulation Contractor Information	910-484-7118
Comberland Insulation Co. Fayetteville 1.C	Telephone
Insulation Contractor's Company Name & Address	Compilation

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 of Owner/Contractor/Officer(s) of Corporation	1-5-18	_
Signature of Owner/Contractor/Officer(s) of Corporation	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: Start Suc Herres In		
Sign w/Title: Charle Grade President Date: 1-5-18		