Application # 1650039355

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

Application for Residential Building and Trades Permit name & phone must match Date Owner's Name Phone 219-Site Address <u>55</u> PAST COA Directions to job site from Lillington 421 Lot Subdivision . # of Bedrooms Description of Proposed Work SFD Crawl Space < Finished Bonus Room? NA Heated SF 2400 Unheated SF 400 General Contractor Information -82 VAMES TACKSON HOME BUILDER Telephone **Building Contractor's Company Name** builder TAR M 436 Email Address Address 136 License # **Electrical Contractor Information** 200 Amps T-Pole Description of Work TISTAL Service Size SIREIN 910-237 443 CONTRACTOR Telephone Electrical Contractor's Company Name s 7. 1309 **Email Address** Address 4910 License # Mechanical/HVAC Contractor Information HEAT-PUMP Description of Work INSTA 919-820-3079 HEATINGAA EUSTOM Telephone Mechanical Contractor's Company Name **Email Address** Address 1219 License # Plumbing Contractor Information

6 ATERY SELER # Baths Description of Work INSTAL 919-868 MLOVER Telephone Plumbing Contractor's Company Name EXTENS, HOLLOW **Email Address**

Address

Insulation Contractor Information P.O. BOX 274 SAN FORD INSULATION INC.

919-776 Telephone

Insulation Contractor's Company Name & Address

23160 License #

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

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned	applicant for Building Permit # 16500 8 9 333 being the:
	Contractor
	Owner Officer/Agent of the Contractor or Owner
Do hereby conf performing the w	irm under penalties of perjury that the person(s), firm(s) or corporation(s) ork set forth in the permit:
	Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
	Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
	Has/have not more than two (2) employees and no subcontractors.
Permitting Depa	on the project for which this permit is sought it is understood that the Central artment issuing the permit may require certificates of coverage of worker's usurance prior to issuance of the permit and at any time during the permitted work, firm or corporation carrying out the work.
Firm Name: V	MES TACKSON HOMEBUILDER
By/Title: \and an	nes TACKSON HOMEBUILDER ne Rahafran owner
Date:	r (2016

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Application for Residential Building and Trades Permit

hone must match	
Owners Name JAMES TACKSON HOME BUT	
Site Address 55 72 FATRAROUND RD. DU	WW PURCH WILL S 360
Directions to job site from Lillington 42/5" 72 17 8 3	m 1457 CO1913
TR FAIRSPOUND RD 3 m ON	RISHT
Subdivision	Lot NA
Description of Proposed Work SFD CONSTRUCT	# of Bedrooms
Heated SF <u>2400</u> Unheated SF <u>400</u> Finished Bonus Room? <u>w</u>	A Crawl Space Slab
General Contractor Information	
General Contractor Information VAMES VACUSON HOME BUILDER Building Contractor's Company Name 436 OAK VALLEY FARM RD COATS NA Address	919-820-5366
Building Contractor's Company Name	Telephone
436 OAK VALLEY FARM NO COATS NE	104,1der 4360 H. mail, co
Address	Émail Address
13649	
Loonso #	_
Description of Work TASTALL WIRELE Service Size	1 200 Amps T-Pole YesNo
PATRICK ELEC, CONTRACTOR \$ 61.23	910-237-1594
Electrical Contractor's Company Name	910-237-1594 Telephone
1309 N MAIN ST. LILLINGTON NO	-
	Email Address
Address	Elitar radios
4910 U	•
License # Mechanical/HVAC Contractor Inform	nation
Description of Work INSTALL HEAT_Pump	
EUSTOM HEATING AAIR	919-820-3079
Manhamad Cantractor a Company Name	Telephone
1001 DENIM DR. ERWIN	
	Email Address
Address	
12/95 License #	
Plumbing Contractor Information	<u>n</u>
Description of Work INSTALL WATERY SEKER	#Baths 2
SHALLIN SHOULD DELLARING	919-868-0959
Diumbing Contractor's Company Name	Telephone
Partial Bung Company Name)
Description of Work INSTALL WATERY SELER SHAWN HLOVER PLUMBING Plumbing Contractor's Company Name 304 QUAIL HOLLOW EXTENSION SANFORD Address	Email Address
23160	
License #	
Insulation Contractor Information	<u>on</u>
INSULATION INC. P.O. BOX 274 SAN FORD	919-776-4138
Insulation Contractor's Company Name & Address	Telephone