

09/09/11

Application #

1650039355

Harnett County Central Permitting
PO Box 65 Lillington NC 27548
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

Cancelled
6-17-16
Date 8/17/2016

Owner's Name JAMES JACKSON HOME BUILDER Date 8/17/2016

Site Address 5572 FAIRGROUND RD. DUNN Phone 919-820-5366

Directions to job site from Lillington 4215 TH 27 E 3 M PAST COATS
TR FAIRGROUND RD 3m ON RIGHT

Subdivision NA Lot NA

Description of Proposed Work SFD CONSTRUCT # of Bedrooms 3

Heated SF 2400 Unheated SF 400 Finished Bonus Room? NA Crawl Space Slab

General Contractor Information

JAMES JACKSON HOME BUILDER 919-820-5366
Building Contractor's Company Name Telephone
436 OAK VALLEY FARM RD COATS NC jbuilder436@aol.com
Address Email Address
13649
License #

Electrical Contractor Information

Description of Work INSTALL WIRING Service Size 200 Amps T-Pole Yes No
PATRICK ELEC. CONTRACTOR LLC 910-237-1594
Electrical Contractor's Company Name Telephone
1309 N MAIN ST. LILLINGTON NC
Address Email Address
4910 W
License #

Mechanical/HVAC Contractor Information

Description of Work INSTALL HEAT-PUMP
CUSTOM HEATING & AIR 919-820-3079
Mechanical Contractor's Company Name Telephone
1001 DENIM DR. ERWIN
Address Email Address
12195
License #

Plumbing Contractor Information

Description of Work INSTALL WATER SEWER # Baths 2
SHAWN FLOVER PLUMBING 919-868-0959
Plumbing Contractor's Company Name Telephone
304 QUAIL HOLLOW EXTENSION SANFORD
Address Email Address
23160
License #

Insulation Contractor Information

INSULATION INC. P.O. BOX 274 SANFORD 919-776-4138
Insulation Contractor's Company Name & Address Telephone

*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 # 1650038353 being the:

- 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/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.

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.

Firm Name: JAMES JACKSON HOMEBUILDER

By/Title: James Jackson OWNER

Date: 8/12/2016

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SCANNED

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