

09/09/11

Application #

39383

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 MICHAEL HEDSON Date 11/30/16
Site Address 655 FLINTLOCK LANE, FURQUAN-VARINA Phone (919) 462-7026
Directions to job site from Lillington _____

Subdivision FLINTLOCK LANE Lot _____
Description of Proposed Work _____ # of Bedrooms 2
Heated SF 2800 Unheated SF _____ Finished Bonus Room? _____ Crawl Space _____ Slab _____

General Contractor Information

J & W Custom Builders Telephone (919) 906-⁶⁴³⁶~~6436~~
Building Contractor's Company Name _____
81 Hidden Field Lane, New Hill, NC 27562 Email Address _____
Address 45987
License # _____

Electrical Contractor Information

Description of Work _____ Service Size _____ Amps T-Pole Yes No
Electrical Experts Telephone _____
Electrical Contractor's Company Name _____
608 North Street, Furquan-Virina, NC 27526 Email Address _____
Address 22689-L
License # _____

Mechanical/HVAC Contractor Information

Description of Work _____
Affordable Heating & Air Conditioning Telephone _____
Mechanical Contractor's Company Name _____
PO Box Lemon Springs, NC 28355 Email Address _____
Address 20046
License # _____

Plumbing Contractor Information

Description of Work _____ # Baths _____
SELF Telephone _____
Plumbing Contractor's Company Name _____
Address _____ Email Address _____
License # _____

Insulation Contractor Information

SELF Telephone _____
Insulation Contractor's Company Name & Address _____

*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

Michael Hudson
Signature of Owner/Contractor/Officer(s) of Corporation

11/30/16
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 _____

Sign w/Title Michael Hudson Date 11/30/16