

09/09/11

Application # 39663

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 David Leaden Jackson Jr. Date 12-10-16
Site Address 857 Mann Rd Coats NC 27521 Phone 910-237-0047
Directions to job site from Lillington 921 to Red Hill Church Rd LF onto Cone Mill Rd. Rt onto Mann Rd will be last lot at end of dirt path on LF.
Subdivision _____ Lot _____
Description of Proposed Work Build 1733 Heated Ranch Home # of Bedrooms 3
Heated SF 1733 Unheated SF _____ Finished Bonus Room? no Crawl Space _____ Slab X

General Contractor Information

Stand Sure Custom Homes Inc. 910-890-6870
Building Contractor's Company Name Telephone
PO Box 1072 Coats, NC 27521 standsurehomes@gmail.com
Address Email Address
70902
License #

Electrical Contractor Information

Description of Work Rough In & Trim Out Electric Service Size 200 Amps T-Pole X Yes ___ No
Mabry's Electrical Services Inc. 919-639-4837
Electrical Contractor's Company Name Telephone
731 Mabry Rd. Angier NC 27501 _____
Address Email Address
15077-4
License #

Mechanical/HVAC Contractor Information

Description of Work Rough In & Trim out Heat & Air
Indoor Comfort Systems LLC. 910-897-1853
Mechanical Contractor's Company Name Telephone
PO Box 1714 _____
Address Email Address
43-17615
License #

Plumbing Contractor Information

Description of Work Rough In & Trim Plumbing # Baths 2
Glover Contract Plumbing Inc. 919-868-0959
Plumbing Contractor's Company Name Telephone
304 Quail Hollow Way Sanford 27332 _____
Address Email Address
23160 P1
License #

Insulation Contractor Information

Cumberland Insulation Co. Inc. 910-484-7118
Insulation Contractor's Company Name & Address Telephone

*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

Chad Anderson
Signature of Owner/Contractor/Officer(s) of Corporation

12-10-16
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 Stand Sure Homes

Sign w/Title Chad Anderson President Date 12-10-16